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ABSTRACT

Intended for the training and use of state divisions of vocational rehabilitation (DVR) line supervisors, a "Rehabilitation Task Performance Evaluation Scale" is included along with instructions for its administration and uses. The Scale, constructed from an inventory of 294 rehabilitation job tasks, is used for periodic evaluations of the quality and extent of staff performance. Quality is defined as the accuracy, thoroughness, effectiveness, and efficiency of tasks performance. The following two fundamental ways of increasing personnel utilization are suggested: (1) the selective assignment of tasks according to the worker's present level and types of competency; and (2) the systematic development of the worker's value to the organization by increasing task-qualifications. Information is provided on how to obtain individualized performance profiles for counselors, supervisors, paraprofessional workers and aides, as well as on the education needed to perform each of the many basic tasks. (RI)

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Wisconsin Studies in Vocational Rehabilitation

IMPROVING MANPOWER UTILIZATION:

THE "REHABILITATION TASK PERFORMANCE EVALUATION SCALE"

By

George N. Wright and Robert T. Fraser

This manual and evaluation instrument are for the training and use of state vocational rehabilitation agency supervisors and administrators. The goal is to improve the utilization of counselor-track personnel. The project was conducted by the University of Wisconsin (Regional) Rehabilitation Research Institute (UW-RRRI) with a subcontracted portion of a federal Rehabilitation Services Administration (RSA) grant (45-P-81054/3-01) to the Council On Rehabilitation Education (CORE). The Wisconsin Studies in Vocational Rehabilitation are sponsored by RSA (grant number 15-P-55208/5-11) and by the UW. A more complete description of the evaluation, preparation, classification, and assignment of rehabilitation manpower by task analysis is provided in UW-RRRI Monograph 22 which was the final report on this project for CORE.

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INTRODUCTION

This material is prepared for supervisors and administrators in state divisions of vocational rehabilitation (DVR). Its purpose is to present a new method for the evaluation of rehabilitation counselor-track personnel in order to improve manpower utilization. A copy of the new "Rehabilitation Task Performance Evaluation Scale" is included along with instructions for its administration and uses.

The Scale is constructed from an inventory of 294 rehabilitation job tasks. Use of the Scale for periodical staff evaluations of the quality and extent of their task performance provides information needed for personnel actions by line supervisors. The manpower utilization focus is upon the selective assignment of job tasks according to worker preparation and other qualifications.

As a DVR supervisor, you are held accountable for the performance of your staff. How can you increase their effectiveness and efficiency? Higher pay scales? Better qualified staff? Greater clout? Perhaps there are other ways, ways within your control.

Two fundamental ways of increasing personnel utilization are suggested:

The selective assignment of tasks according to the worker's present level and types of competency;

The systematic development of the worker's value to the organization by increasing task-qualifications.

Both approaches require that you and your workers have detailed knowledge about their performance on present and proposed task responsibilities. This publication will tell you how to obtain individualized performance (qualifications) profiles for each rehabilitation counselor-track employee. Also, information is provided on the preparation (education) needed to perform each of the many basic tasks required of the rehabilitation counselor and related workers. Armed with such detailed information, supervisors can make informed decisions for the current assignment and future development of workers at all levels.

With the pressure for better case practice and DVR effectiveness, you are naturally concerned about the optimal utilization of manpower. Manpower utilization comes down to how well you select, classify, prepare, and assign employees according to the specific requirements of the work. New methods and policies are needed to take into account the individual differences of worker capability in performing specific job tasks.

Background

Traditionally, rehabilitation personnel practices have ignored the fact that the tasks in client service delivery range from simple to very complex, and that workers are qualified accordingly. Civil service job classifications and selection criteria differ greatly from state to state because they do not reflect standards based on either empirical study (e.g., job analyses) or professionally recognized qualifications (e.g., counselor certification). The resulting uneven pattern of staff competencies might be resolved by selective assignment of tasks, but this option is limited by "counselors" being assigned sole responsibility in a geographic area and by rigid job descriptions.

Manpower utilization by the state rehabilitation agencies suffers because of inadequate distinction of worker competency. Thus, a highly qualified counselor with a master's degree in rehabilitation counseling will have the same type of caseload and responsibilities as an untrained, inexperienced employee assigned to an adjacent county. The unprepared worker is either mishandling or avoiding counseling and other professional activities and is commanding a disproportionate amount of supervisory consultation. Meanwhile, the nearby professional counselor is obliged to spend much of his time on tasks that could be performed by an aide, paraprofessional worker, or counselor trainee.

Studies in the area of rehabilitation counselor activity indicate that the DVR counselor spends less than half of the workday in professional counseling activities. From these studies, it appears that counselors are not fully utilized and that subprofessionals might be selected for the work activities which do not require professional preparation. Another explanation is that there are unqualified persons classified as "counselors" and that such employees avoid counseling-type activities. In either event, a more appropriate distribution of duties is indicated.

Guidelines are needed for training DVR supervisors to make personnel assignments which are based upon knowledge of job demands and upon worker qualifications. In the absence of such detailed knowledge and methods for obtaining it, there can be no close alignment of work and worker.

The UW-RRRI was asked to prepare guidelines for use in training DVR supervisors in fulfilling their manpower utilization responsibilities - particularly the selective assignment of counselor-track personnel according to their preparational qualifications. With instructional guidelines it was hoped that line supervisors would be shown better methods for giving more professional activities to master's degree counselors while less demanding tasks were transferred to less well-prepared workers.

Purpose

The plan called first for the construction of a comprehensive task bank. This work required the collection, refinement, editing, organization and testing of a list of tasks based upon job analysis data supplemented by findings of other studies and rehabilitation job descriptions from the 50 state civil service agencies. This "Rehabilitation Job Task Inventory" consists of 294 task statements representing the components of the several rehabilitation counselor-track job levels including counselors, supervisors, paraprofessional workers and aides.

The Task Inventory is organized according to the functions of the rehabilitation service process. The identification of these tasks, which was fundamental to this project, was largely based upon a functional job analysis conducted by Olaf Brekke and the Manpower Section of the Wisconsin DVR.

A second major objective of the plan required rating each of the nearly 300 tasks to determine the preparational qualifications, i.e., both educational and experiential, required of the worker to perform each task. These task ratings were obtained by a national survey of state VR agency administrators, supervisors, and senior counselors, and by a two-day conference of rehabilitation counselor educators. In addition to the preparational requirements of the tasks, client impact was estimated. In making task assignments, it is especially important that the supervisor be informed of this minimum education standard in order to assign work on the basis of competency.

From this research phase, a rehabilitation career ladder has been constructed through the ordering of the tasks from simple to complex within each of 12 functions of the DVR delivery system. This vertical structure of task preparation levels took shape with the emergence of a family of jobs referred to as the rehabilitation counselor-track jobs. The clear picture of a vertical job family has great meaning in the selection, classification, training and promotion of rehabilitation personnel. This is a viable mechanism for equal-opportunity employment practice.

Another specified research objective of the project was to obtain current information on the classification and selection criteria of all rehabilitation counselor-track jobs and categories. Data for this came from a mail survey of all 50 state civil service agencies with telephone follow-up to obtain a complete response and accurate interpretation. Analysis of these data required the assembly of a "typical" model to describe a heterogeneous array of state job classifications with varied nomenclature and ambiguities or vagueness.

In the early stages of the project, a comprehensive review of the literature on manpower utilization, task analysis, and other relevant subjects was completed by Robert Fraser. This is published by the UW-RRRI as a state-of-the-art document and is available to State VR Training Directors as reference material.

A major contribution to VR supervisors and personnel management is the development of the "Rehabilitation Task Performance Evaluation Scale." This Scale which is comprised of the 294 Inventory items provides a full position description and performance evaluation for every person in a counselor-track job. It is believed that this is a new and very valuable use of task-inventory data. Each individual's position is described according to a time-task configuration which is comparable to related positions and jobs in the agency. Moreover, the position description and employee evaluation, when the Scale is administered periodically, provide for an assessment of workers' growth and agency progress in manpower utilization. The supervisor can use this precise evaluation information for all sorts of personnel action decisions, including the selective assignment of tasks.

In addition to the present publication, the UW-RRRI has prepared a monograph. The monograph covers all major applications of the task list: rehabilitation job classification, rehabilitation personnel preparation, and rehabilitation manpower utilization. Also, the monograph provides a literature review and description of methodology. The present publication is intended for supervisors and therefore, focuses upon manpower utilization, especially task assignment. Before finalizing the above publication, a pilot conference of DVR supervisors was conducted to pretest the evaluation methods and these guidelines.

CIVIL SERVICE CLASSIFICATIONS OF REHABILITATION JOBS

Early regulations of federal grant-in-aid programs to the states stipulated civil service or other personnel regulations in order to discourage political patronage and similar practices. As a consequence, state personnel programs for hiring and assigning workers may have become over-regulated and rigid. Before moving on to modern methods for manpower utilization, present civil service classifications are described.

Procedure

The DVR counselor-track personnel information presented here is based upon a national survey of state rehabilitation job specifications. These specifications were obtained by the UW-RRRI from the civil service agencies of all 50 states through mailed requests. Many telephone interviews were necessary to clarify nomenclature variations and inadequate descriptions.

The states' classifications for every counselor-track job were then ranked within the appropriate paraprofessional, counselor, or supervisor category. Explicit educational and/or experiential requirements for each job were recorded. Only counselor-track jobs of a "generalist" nature were included. Therefore, the job descriptions of agency technicians or specialists and other professional jobs are not presented here.

It should be noted that most of the job classifications have varying titles from state to state, although the duties are reported to be much the same across states. Paraprofessionals, for example, may be called case aides, rehabilitation assistants, counselor assistants, associates, or technicians. In almost every case, however, the role of these staff members is to support or assist the counselor and/or supervisor. Similarly, the job title of Vocational Rehabilitation Counselor I varies from state to state although the functions are quite similar for this introductory classification to the counselor series.

Results of State Survey

The results of this state survey are presented in the following table by:

a. The job title (selected arbitrarily as typical or descriptive).

b. The total number of states using the equivalent to this job title in their personnel structure.

c. The number of states providing explicit, minimum educational requirements for the job.

d. The range of explicit, minimum educational requirements found across 50 states.

e. The average minimum educational requirement for the job.

f. The number of states with explicit, minimum experience requirements for the job.

g. The range of explicit, minimum experience requirements.

h. The average minimum experience requirement for the job.

Present Civil Service Classification Structure
with Educational and Experience Requirements

A. Typical Job Title	B. States Using this Job Classification	C. States with Explicit Educational Requirements	D. Range of Educational Requirements	E. Average Educational Requirements
Paraprofessional I	36	24	8th grade - 4 years college	high school
Paraprofessional II	25	17	8th grade - 2 years college	1 semester college
Paraprofessional III	13	10	high school - 3 years college	1 year college
Paraprofessional IV	6	3	high school	high school
Rehabilitation Counselor Trainee	16	13	high school - 6 years college	4 years college
Vocational Rehabilitation Counselor I	35	28	2-6 years college	4.2 years college
Vocational Rehabilitation Counselor II	45	40	4-6 years college	5 years college
Vocational Rehabilitational Counselor III	33	28	4-6 years college	5.4 years college
Vocational Rehabilitational Counselor IV	12	12	4-6 years college	5.4 years college
Vocational Rehabilitational Counselor V	4	4	6 years college plus	6 years college plus
Supervisor I	45	38	4-6 years college	5 years college
Supervisor II	36	36	4-6 years college	5 years college
Supervisor III	10	10	4-6 years college	5 years college
Supervisor IV	4	4	4-6 years college	5.3 years college

A. Typical Job Title	F. States with Explicit Experience Requirements	G. Range of Experience Requirements (years)	H. Average Experience Requirements (years)
Paraprofessional I	26	0-4	.90
Paraprofessional II	16	.5-3	1.97
Paraprofessional III	10	0-4	2.30
Paraprofessional IV	4	3-4	3.75
Rehabilitation Counselor Trainee	15	0-4	.67
Vocational Rehabilitation Counselor I	30	0-3	.40
Vocational Rehabilitation Counselor II	40	0-4	1.60
Vocational Rehabilitation Counselor III	31	0-5	2.10
Vocational Rehabilitation Counselor IV	10	.5-5	2.35
Vocational Rehabilitation Counselor V	3	2-4	2.67
Supervisor I	37	1-5	2.76
Supervisor II	31	1-6	3.42
Supervisor III	8	1-6	3.13
Supervisor IV	4	1-5	3.25

Interpretation of the Survey

An example of how this table may be interpreted follows: The job classification of Paraprofessional I exists in 36 states with 24 of these states having explicit minimum educational requirements for this job ranging from eighth grade to the bachelor's degree. The average educational requirement for these 24 states is a high school diploma. Continuing, 26 of these states have an explicit experience requirement, ranging from zero to four years, and the average for these states is .90 years of previous agency experience. Thus, from the available data, it is concluded that on the average, a high-school education and nearly a year of prior experience are needed to meet the requirements for Paraprofessional I.

It should be emphasized that education and experience requirements are additive. The requirement for entry into any job classification consists of both the educational requirement (specified in column D) and the years of experience (specified in column F).

There were 16 instances of interchangeable educational and experiential requirements for a job, (e.g., a bachelor's degree or one year of experience). Such "either/or" requirements, most of which occur within the paraprofessional personnel category are not accounted for by this table. Furthermore, some states required "some" or an "unspecified amount of" experience. This too was ignored in the formulation of the table. However, in the majority of cases, requirements were clear and therefore could be used to formulate this table.

The job classifications of Rehabilitation Counselor Trainee require special explanation. In 16 states, this classification serves as an entry level to the counselor series. In 15 states, the classification of Vocational Rehabilitation Counselor I as a nontraining position is nonexistent. In 34 states, no training classification is available, and the counselor series begins with Vocational Rehabilitation Counselor I followed by Vocational Rehabilitation Counselor II. In one state, both classifications are utilized, the sequence being Rehabilitation Counselor Trainee, Vocational Rehabilitation Counselor I, and Vocational Rehabilitation Counselor II. Thus, in a general sense, the classifications of Trainee and Counselor I have many similarities: each generally appears exclusive of the other; both are entry-level classifications to the counselor series; both have very similar average requirements; and each usually leads directly to the Counselor II classification. These categories have not been combined in this table, however, due to a probable difference in meaning. A few states require the master's degree for these classifications. It would seem that in some states, the Counselor I is regarded as a fully prepared rehabilitation counselor.

Nine states require the master's degree at the Counselor II level while 17 other states accommodate these applicants by reducing the experience requirement. At the Counselor III level, 16 out of the 28 states with explicit educational requirements (57%) specify the master's degree only, while seven others make favorable accommodations to such applicants. At the Counselor IV level, seven out of 12 states with explicit educational requirements (58%) absolutely require the master's degree while three of the remaining five states have some provisions for such applicants. Finally, out of the four states with explicit educational requirements for a Counselor V level, two require the master's degree while the other two specify post-master's experience.

The experience required for Supervisor III and IV, as stated in the table, needs explanation. Many states specify years of previous supervisory experience as opposed to lower-level agency experience. To a lesser extent, this also occurs for the reported experience requirements of Supervisors I and II. Accordingly, these experience requirements (see column F) appear to be lower, whereas in reality these figures represent an undetermined higher level of cumulative experience. The combined educational-experiential requirement generally increases as we move up the personnel hierarchy.

It is apparent that the present state civil service classification methods are not based upon actual analysis of rehabilitation counselor-track jobs and requirements. The use of the UW-RRRI task list and associated requirements can be a useful tool in correcting these inadequacies.

THE REHABILITATION JOB TASK LIST

The "Task Inventory", a list of 294 rehabilitation job tasks, is presented in this publication as the "Rehabilitation Task Performance Evaluation Scale." This compilation of tasks represents the activities of counselor-track jobs in state vocational rehabilitation (general) agencies. The basic task bank was obtained from a functional job analysis by Wisconsin DVR and was supplemented by additional tasks obtained from other studies of rehabilitation tasks and from rehabilitation job descriptions by the 50 state civil service bureaus.

Description of the Task List

The tasks are arranged by hierarchical rating of educational requirement under 12 major functions of the rehabilitation occupational roles. Every task is rated for not only the required level of education, but also the years of experience needed to perform the task independently, i.e., minimal direct supervision. Tasks are also rated for client impact.

The organizational structure of the Inventory accommodates a reality-based hierarchy of job tasks associated according to function. Administration and supervisory tasks are at the top of the list in terms of having the most demanding preparational requirements. At the other end of the continuum, clerical tasks require the least amount of education and experience. This breakdown gives overall perspective to the job series.

Tasks were rated by experts for the amount of experience and education needed by a worker to perform each task satisfactorily and independently. The ratings, which are stated in code on the Scale, were made by two different respondent groups chosen for their expertise. In phase one, DVR supervisors, surveyed by mail, provided the data on experience requirements. In phase two, a panel of rehabilitation educators, by concensus judgment, provided the recommended education standard for each task and estimated the client impact of the tasks.

Several issues in the methodology are important to note: (a) both training and experience requirements as stated presuppose direct (not merely relevant or related) rehabilitation preparation; (b) the term "preparation" does not cover all of the qualifications needed for satisfactory performance, e.g., personality; (c) respondents were asked to make their ratings within the framework of an average caseload defined as 25% minimally disabled, 50% moderately disabled, and 25% severely disabled; (d) requirements are assumed to be the standard if only normal supervision is provided, i.e., lesser levels of preparation may be adequate if closer consultation is given the worker.

Generally speaking, the educational and experiential standards are additive, i.e., both minimums are considered necessary to perform the task. The exception is that the master's degree from a rehabilitation counselor education (RCE) program typically reduces the stated experience requirement by at least one year, because training includes clinical practice instruction in rehabilitation. About a year of required experience should be discounted for the RCE master's graduate.

Many undergraduate programs in rehabilitation education also include practicum experience. The rehabilitation bachelor's curriculum is not yet standardized, however, and therefore an individual judgment must be made as to the possible reduction of required on-the-job experience. It should be noted that the BA/BS degree provides neither instruction nor experience in counseling, which is reserved for the professional master's level.

It is important to bear in mind that ratings given to each task are based upon expert judgments. The original scoring of the raters' responses has been combined and simplified for operational purposes. (It was coincidental that the educational codes B and C respectively stand for bachelor's in rehabilitation and counseling master's.)

Rating Codes on the Scale

Provided below is an explanation of the coding of the three variables rated for each task. The codes are as follows:

Educational Requirement

A = No training or only short orientation
B = Bachelor's degree in Rehabilitation Education
C = Master's degree in Rehabilitation Counseling
D = Post-master's training relevant to the task

Experiential Requirement

0 = None to less than a month and a half
1/4 = Around 3 months (0.13 to 0.37 years)
1/2 = Around 6 months (0.38 to 0.74 years)
1 = About a year or more (0.75 to 1.49 years)
2 = About 2 years (1.5 to 2.25 years)

Client Impact Code

a = minimal impact
b = less than average
c = average impact
d = above average or major client impact

The coding for each of the three variables appear on the printed Scale for each task. For example, a task coded B½a means that a Rehabilitation Bachelors degree plus a half year of rehabilitation experience is indicated to perform the task and that it has minimal client impact. These codes are stated on the evaluation form for the convenience of the supervisors and do not need to be interpreted to the worker.

PREPARATIONAL REQUIREMENTS OF REHABILITATION JOBS

There are many implications for improving the preparation and utilization of rehabilitation manpower through use of the task analysis. The Inventory, with tasks arranged by job functions and rated by required preparation, provides a practical structure for understanding the varied activities of rehabilitation according to a natural hierarchy.

Implications are presented here for classifying rehabilitation counselor-track jobs according to the preparational requirements of education and experience. The three sections reflect preparational levels: the professional master's degree (two years) in rehabilitation counseling, the bachelor's degree in general rehabilitation education, and no specific training in rehabilitation other than possibly a short orientation of not more than six weeks.

In this study, only specific rehabilitation education and specific rehabilitation experience were considered as criteria for setting standards, i.e., minimum requirements for task performance. It is recognized that other education or experience may be related to vocational rehabilitation job activities, e.g., a master's degree in school guidance or professional experience in a related human-service agency. The evaluation of the possible relevance to rehabilitation of background from other fields, however, was not within the scope of the present project.

The educational and experience requirements noted below are as rated through the cumulative judgments of experts in the research described above. These preparational requirements, coded for each task on the Scale, are not to be confused with state civil service descriptions.

The MA/MS Rehabilitation Counselor

The individual with a master's degree in rehabilitation counseling education (RCE) is assumed to be prepared to perform the tasks of the fully qualified professional rehabilitationist. The RCE master's preparation not only provides formal education, but generally also includes about six months in supervised clinical practice in rehabilitation agencies. It is estimated that this RCE student experience is at least the equivalent of one year of on-the-job experience in an agency without the instructional benefit of practicum or internship supervision. Thus, the new master's graduate from most RCE programs--certainly all which are accredited by CORE--qualifies for tasks requiring about 12 months rehabilitation agency experience as well as the master's degree. This issue was discussed by the panel of RCE educators, who decided that this formula is a conservative estimate of the experiential value of RCE clinical practice experience.

There are 145 tasks on the 294 item Inventory for which the RCE master's degree is needed. As a group, these tasks have a greater than average impact upon client rehabilitation. For some tasks, the state rehabilitation agency employee must have specific training beyond the RCE graduate degree and/or additional experience. Such advanced preparation is associated with administration/supervision, evaluation, and consultation functions.

To a large extent, the master's level rehabilitationist is involved in the client counseling and planning function. Indeed, 63.5% of the counseling and planning tasks carry an educational requirement of the RCE master's degree. The average experience required of these 37 tasks is .86 years. None of the tasks in this area require preparation beyond the master's degree, although for several tasks, some additional experience is indicated. In the counseling and planning function, the counselor interacts with the client to help him identify, understand, explore, decide, etc. He exchanges information with the client for the development and maintenance of a counseling relationship and the development of the rehabilitation plan. The average impact for this group of tasks is well above average and far exceeds that of any other task group.

Among all of the counselor-track roles and functions, administrative and supervisory tasks demand the highest preparational level. Of the 42 tasks listed under administration/supervision, all but seven require the RCE master's degree and 26 of these tasks require specific post-master's instruction. Moreover, an overall experiential background of 1.77 years is indicated. The person in an advanced counselor-track position demonstrates leadership, consults with and for others, and writes numerous financial and technical reports. He or she is also concerned with staff development, program and personnel evaluation, and policy review. These tasks require the highest relative amounts of education and experience.

A large number of evaluation tasks also require the qualifications of the graduate counselor. About one-third of these 30 tasks call for additional specialized training. An average of 1.29 years of experience is also expected. In this function, the employee evaluates agency programs, casework, and client needs.

Rehabilitation client assessment is still another substantial counselor function. These 14 tasks involve assessing the important dimensions of the individual client's adjustment, sometimes by means of psychological tests. These skills are normally taught in the graduate curriculum. An average of .82 years of experience is required for their proper execution.

Two-thirds of the 18 consultation tasks require the graduate degree. In fact, four of these 12 tasks call for additional preparation. Post-master's experience is also suggested.

Professional and agency development is a function of all rehabilitationists. Appropriately the task list reflects the full range of educational prerequisites for such activities. The master's degree or more is required for some of these tasks, and those associated with leadership responsibilities are rated very high as to both education and experience.

Finally, the individual with the professional master's degree occasionally may be occupied in lower-level functions of the occupational track. These areas include Professional and Agency Development (six tasks), Referral and Community Relations (four tasks), Job Placement (three tasks), and Case Management (one task). The implication is that while most tasks associated with noncounseling functions may be assigned to a less well-prepared worker, the trained rehabilitation counselor should participate in some tasks such as psychiatric referral, supportive counseling to assure job placements, eligibility determination, and explaining implications of a medical report.

The BA/BS Rehabilitation Worker

The individual possessing a bachelor's degree in rehabilitation education is at the required education level for many duties described on this inventory. As a group, these 86 tasks require that the worker have nine months of previous agency experience in addition to his undergraduate degree.

To a large degree, this rehabilitation worker is involved in referral and community relations. In fact, 80% of the tasks in this category specify the rehabilitation bachelor's degree as the educational requirement. These 24 duties include arranging client referral with a community resource and otherwise relating to community resources. These tasks require an average of .81 years of on-the-job agency experience for their proper execution.

Of the 54 tasks assigned to client counseling and planning, 17 require less than the master's degree. These tasks, which could be handled by a BA/BS degree rehabilitationist, mostly involve exchanging information with the client. An average of .61 years of experience is required for these bachelor's level tasks. Although these duties do not call for professional counseling knowledge and skill, their impact upon client rehabilitation is above average.

Of all job placement tasks listed on this inventory, 79% require the bachelor's degree for their proper execution. Of the 14 job tasks associated with the job-placement function, all but three can be assigned to BA/BS rehabilitation workers. The minimum experience required in this area averages .65 years. The impact on client rehabilitation for this subgroup is moderately above average.

Case Management and Special Services are the final sizeable area of activity appropriate for the bachelor's graduate in rehabilitation education. There are 18 tasks listed for this function, and with only one exception, all can be performed by the person with only the bachelor's degree or less. Half of these tasks specifically require completion of an undergraduate degree in rehabilitation education. To effectively manage the rehabilitation plan and arrange for special services, the rehabilitation worker is expected to have .77 years of previous experience. These nine tasks have an average impact on client rehabilitation.

Other functions with some tasks appropriate for the bachelor's graduate in rehabilitation include Evaluation (five tasks), Consultation (5 tasks), Client Assessment (four tasks), Recording and Reporting (four tasks), Administration/Supervision (two tasks), and Clerical/Incidental (one task). The BA/BS degree worker is the only rehabilitationist listed as having the appropriate level of preparation for some tasks in all 12 counselor-track functions.

It is interesting to examine the task data for the bachelor's level rehabilitation worker as compared to the rehabilitation counselor. The master's degree in rehabilitation counseling is the professional degree for rehabilitation counselors. Undergraduate instruction in rehabilitation education does not include the preparation required for professional counseling.

Examination of the tasks according to these two levels of education requirements, BA/BS vs. MA/MS, reveals the functional distinctions. Major areas of responsibility for the MA/MS counselor appear to be professional-level client counseling and planning, administration, evaluation, client assessment, and consultation. The BA/BS degree rehabilitationist, on the other hand, is concerned primarily with exchanging information with clients, referral and community relations, job placement, case management, and special services. The utilization of increasing numbers of rehabilitation personnel with undergraduate degrees may be re-examined using this information.

The Paraprofessional

The individual lacking formal preparation, viz., the paraprofessional or aide, is still capable of delivering certain important rehabilitation services. Paraprofessionals without the benefit of a college degree in rehabilitation should be required to undergo agency orientation and indoctrination for a period of several weeks to successfully execute the vast majority (80%) of the 63 tasks identified as suitable for these workers. They are also expected to have completed a minimum of five months prior agency experience to dutifully perform these tasks.

The paraprofessional will generally perform low average impact tasks. It should be noted that this rating is far from minimal. It is surmised that the paraprofessional performs tasks which have an enormously facilitative impact on higher-level personnel functioning, though such impact has not been measured in this study.

The paraprofessional is moderately involved in areas of intake and client eligibility. A full year of experience is expected before the paraprofessional can be expected to properly exchange and evaluate information with new clients.

The paraprofessional also engages in a moderate number of activities relating to case management and special services. These eight tasks are evenly distributed between managing the rehabilitation plan and arranging for special services when needed. The average experiential requirement for these tasks is .88 years.

Continuing, the paraprofessional performs numerous tasks of a clerical and incidental nature. Incidental client assistance involves client contact, and clerical tasks include all manner of elementary office work. These 32 tasks have below average client impact rating.

This rating merits some special consideration. It assumes that these tasks are being properly performed. If so, the direct impact on client rehabilitation may indeed be considered low. The facilitative impact to higher-level personnel, however, is assumed to be very high. Going a step further, consider the catastrophic effort of negligence in this area upon client rehabilitation. The detrimental impact to service delivery of poor record keeping, filing, recording, etc., is potentially quite serious.

Finally, the paraprofessional is qualified to enact fewer tasks in each of the following areas: administration/supervision (five tasks), recording and reporting (three tasks), rehabilitation client assessment (two tasks), referral and community relations (two tasks), consultation (one task), and professional and agency development (one task).

Summary

There is a clear hierarchy of preparational requirements among the 12 functions listed, from administration to clerical. Within each function a predominant level of preparation emerges so that one of the four levels of preparation is generally appropriate. Thus, post-master's training and extended experience is required for administration and supervision; the RCE master's degree along with the experience of clinical-practice instruction is needed for professional counseling; the bachelor's degree in rehabilitation education with some experience is appropriate for such noncounseling functions as case management or job placement; and finally, little or no rehabilitation training is required for lower-level functions and tasks. Yet, within each function there are tasks which are atypical in the required level of preparation; for example, several administrative tasks do not require a college education, and a number of tasks associated with the counseling and planning functions do not involve professional counseling.

The above observations suggest that job classifications and the assignment of personnel according to a preparational level generally can be structured according to the 12 levels of job functions. While there are exceptions, most of the tasks within each function have a dominant preparational requirement which might be identified as the minimum education and experience level required for the entire function. For example, while about one-third of the tasks in the counseling and planning function do not require the RCE master's degree, master's level counselors may not be too inappropriately assigned to the full range of activities in that area. Nevertheless the task-difficulty inconsistencies or variations within functions and other complexities prevent categorizing rehabilitation jobs quite so simply.

The above discussion alludes to one use of job analysis subsumed under the relatively new term, "job restructuring." Jobs are restructured by rearranging the contents (tasks performed) of a job family. Formal procedures for job restructuring use most of the data provided in the present study, i.e., (a) the specific tasks performed by the worker, (b) the functions of the worker, and (c) preparation (education and training) minimums required for satisfactory performance. In its present form, the Scale does not provide information on requirements such as physical demands, aptitudes, interests, personality, or other traits.

Job restructuring with civil service reclassification was not an intention of the present project, but the identification and classification of counselor-track job tasks has shown its feasibility and has provided the fundamental information. Restructuring state civil service classifications of jobs has exciting potential but discouraging political barriers. However, line supervisors are able to modify the description of the positions of individual workers by the assignment of tasks according to employee preparation.

THE USE OF TASK ANALYSIS FOR MANPOWER UTILIZATION

"It is ability that counts." This is not just a catchy slogan to sell reluctant employers on hiring the handicapped. Instead, it expresses the positive approach of selective placement, a procedure through which a worker's abilities are matched to the demands of a proposed job.

The selective placement approach is based upon an orderly study of the components (tasks) of the proposed work assignment and the total suitability, not just physical capacity, of the worker for performing those tasks. This procedure of matching the worker's positive attributes to an appropriate set of tasks is applicable not only for the disabled, but also the able-bodied. It is sound personnel management practice for hiring, promoting, and assigning workers in any organization.

Unfortunately, sound principles of manpower utilization are often ignored by vocational rehabilitation in its own house. Rehabilitation agencies should provide leadership in practicing objective and fair methods of recognizing the abilities of employees. Ironically, the vocational rehabilitation movement advanced the concepts of client evaluation and job analysis for selective placement based upon a worker's abilities. Yet, while these tools have been used by the DVR staff for clients, the benefits have not been adapted for staff.

The search for techniques for systematically matching men to jobs to increase productivity began well over 50 years ago. But while the initial approaches were designed for efficiency, the focus has shifted to include worker benefits. At stake are key social issues such as opportunity for upward mobility of the educationally or socially disadvantaged. Rehabilitation should assume a leadership role by utilizing modern methods and informed policy to implement its philosophical goals of manpower utilization.

Informed personnel work relies heavily upon knowledge of the structure of jobs in providing for effective utilization of the human resources available. This knowledge of rehabilitation counselor-track jobs can be based upon task analysis data as a method for establishing a structure through which the behavior of employees is examined. Day-to-day uses of task analysis data by the supervisor include: the evaluation of staff performance, selective assignment of tasks to staff, employee training, and other personnel actions.

EVALUATION OF PERSONNEL FOR TASK PERFORMANCE

The evaluation of rehabilitation counselor-track personnel for competency demanded in the performance of relevant tasks is a basic application of the Task Inventory. Described in this section are the procedures for rehabilitation job-task performance evaluation of individual employees by the DVR supervisor.

Rating Staff Competency

A rating system based upon task analyses has a high degree of specificity to actual behavior on the job. Assessment is a matter of indicating the capability of the employee's task behavior. Rating systems which are highly behaviorally specific may be preferable to other methods used in rehabilitation agencies, e.g., number of closures. Outcome measures of the work of the rehabilitation counselor such as client gain and rehabilitation sustention are valuable criteria for the general assessment of overall counselor performance. But the assessment of competencies in specific job tasks inherent in the rehabilitation process provides a diagnostic profile of employee strengths and weaknesses. It is clear that a task-rating approach has constructive purposes for staff development. This is not to rule out the need for traditional assessment, e.g., case-file review, but global rating methods on employee overall satisfactoriness and potential are inadequate.

Use of a comprehensive list of tasks assures a complete evaluation of all facets of employee performance. This is important because the assessment should cover the whole job performance, all activities of the employee. Unfortunately, it is easier to establish objective, numerical measures in some performance area than others, and, because of their measurability, those areas frequently receive undue emphasis in other employee evaluation systems. When supervisors direct their attention toward job components that are readily assessed those activities are stressed by employees over and beyond their criticality or client impact. This task-rating system provides for comprehensive evaluation by working back from a knowledge of the total job and its requirements rather than by utilizing a few easily obtained measures that are a biased sample of tasks of the whole job.

The "Rehabilitation Task Performance Evaluation Scale"

The 294 items on the "Rehabilitation Job Task Inventory" were used to construct a scale to evaluate the performance of workers. These items on the new "Rehabilitation Task Performance Evaluation Scale" are exactly as appear on the Inventory, but responses are designed for the assessment of quality of employee performance on each task. "Quality" is defined as the accuracy, thoroughness, effectiveness, and efficiency of the work. Response categories for rating the quality of the worker's performance for each task are as follows:

a. Quality inferior
b. Quality below average
c. Quality average
d. Quality above average
e. Quality superior
f. Percentage of time task is performed
(a rating of "0" means the task is not done by the employee)

Thus the "Rehabilitation Task Performance Evaluation Scale" provides systematic evaluation of employee performance. The periodic review by the supervisor of the competency development and activities patterns of each employee is a fundamental and important supervisory function. Here the assessment activity is formalized by the systematic structure of the Scale.

The assessment of employees is time consuming and not always a pleasant part of the supervisor's responsibility. The use of the Scale forces the review and forces comprehensive coverage, but it does not make the assessment easier on either the supervisor or employee. Proper administration of the Scale, however, should make the assessment of employees more reliable and valid and give it a range of uses not provided by informal methods which tend to be sporadic, partial, arbitrary, and inadequately standardized or documented.

How to Use the Scale

Directions for use of the Evaluation Scale are suggested here. The review of the task list should serve as a tool for worker and supervisor in arriving at mutual understanding through a description of the components of the worker's position and a profile of the worker's development. A position description is more relevant to the individual than a job description since each worker's position is somewhat different from that of other workers with the same nominal job classification. An individualized position analysis and position description facilitates supervisor-worker communication regarding assignments, expectations, and standards. This approach takes individual differences into account, thus facilitating the many constructive uses of the record.

The procedure for the "Rehabilitation Task Performance Evaluation Scale" provides a descriptive record of what the worker is doing and how well it is done. The worker and supervisor both participate in the assessment. In the first step they both complete the Scale independently. Both persons indicate whether or not the task is a part of the position described, and if so, what percentage of the time is spent in doing the task (meticulous time estimates are unnecessary because the percentages indicated are relative, and if they do not total exactly 100% this is adjusted by prorating the time on each task). Opportunity is given to add tasks which are not found on the published list or to make revisions on the task statements (this should not be necessary often for the generalists on counselor-track jobs). The worker and supervisor also independently rate quality of the worker's performance on those tasks which are a part of the position on the five-point evaluation scale described above. The supervisor and worker then compare their impressions to develop a position description (i.e., a list of tasks the worker is supposed to do) and to finalize a current assessment of the quality of the worker's performance on each required task (i.e., a comprehensive competencies evaluation of the employee).

In a variation of this procedure, the supervisor only reviews the employee's self-ratings and inserts his/her own impressions regarding the tasks included in the position and the quality of the worker's task performance. In either case, the supervisor makes a final determination shared with the employee and based upon a one-to-one conference covering employee strengths and weaknesses and differences between his or her self-perceptions and those of the supervisor.

There is natural resistance by both worker and superior to this personal confrontation and professional evaluation, but it should be accepted as an opportunity for better communication, understanding, and growth by both parties. In time, it will become apparent to all parties that the constructive uses of the properly completed "Rehabilitation Task Performance Evaluation Scale," periodically updated, offer tangible rewards to the employee for self-development, improved performance in his or her present position, and advancement to a more complex job.

The description of the worker's position derives from the identification of tasks actually performed and the time spent performing each task. The supervisor needs information on what tasks are being done by the worker because such information shows if the worker is attending to all of the essential responsibilities of the job or if there are gaps in fulfilling expected duties because of inadequate capability, disinterest, misunderstanding or other reasons. It is necessary to inspect not merely if each required task is performed but also whether an adequate amount of time is devoted to it. Imbalances in the distribution of time by the worker may indicate avoidance behavior for the activities neglected: a counselor may spend an inordinate amount of time on "paperwork" (which should be handled by an aide or clerk) in order to escape more challenging client-relationship duties. Information on the criticality of tasks (the client-impact data stated for each task on the Inventory) can be used similarly. These data have obvious input value for decision-making on various personnel actions (e.g., salary increases).

A statistical analysis covering the entire agency can be made of all the position descriptions showing the average (and range) amount of time for each task by each job level. This overview of service-delivery activities of the agency would reveal general weaknesses in service patterns; as an example, it has been pointed out that previous time studies have shown a relatively small percentage of counselor time spent in counseling.

Another purpose of task time-analysis is to measure the amount of overlap in activities between the various jobs on the counselor-track. Some overlapping is desirable: professional people should not be performing all day long at the most sophisticated heights for which they are educated. Moreover, the implementation of a plan for staff promotion by instituting a career ladder requires opportunity for in-service preparation including opportunity to perform higher-level tasks with supervisory assistance. Nevertheless, the effective use of manpower means a proper matching of worker abilities to job demands. The time-activities analysis facilitates job restructuring - including revisions by the supervisor of the worker's task-assignment patterns to be discussed in the following section.

SELECTIVE ASSIGNMENT OF JOB TASKS

A primary purpose of this project was to provide guidelines and materials to state DVR supervisors for making differential work assignments to employees. As a consequence of the project, worker assignments may now be based upon knowledge of the specific tasks involved and preparational requirements of those tasks along with information on the worker's competencies. This necessitated the compilation of a comprehensive task bank covering all levels of the counselor-track job family. The resulting "Rehabilitation Job Task Inventory" is used in two ways in the selective assignment of job tasks: (a) every task has been rated for the required education and experience which provides preparational standards, and (b) the "Rehabilitation Task Performance Evaluation Scale" has been devised as a tool for preparing a position description and profile of worker qualifications. The preparation data will be discussed first.

Assigning Tasks on the Basis of Worker Preparation Requirements

Preparation for a profession is a complex process consisting of many influences, some incidental and others deliberately planned, with impact upon career success. To simplify the concept, preparation for rehabilitation counseling and related jobs is defined as a combination of relevant education or training and experience. The experiential and educational requirements stated for each task on the Inventory presuppose a high level of relevancy--in fact, the rating assumption was that the preparation was specific to rehabilitation. This is overly strict because many other formalized and practical learning experiences have a degree of relevancy to rehabilitation, and, while such preparation takes longer, eventual competency may be achieved.

Interpretation of the preparational requirement indicated (as a minimum standard) must be adjusted to include credit for nonrehabilitation experience and training which is "rehabilitation related." Also, worker-qualification consideration should take into account substantial, though incidental, life circumstances leading to the knowledge and skills needed by the rehabilitationist, e.g., informal readings, social-living practices. Moreover, there are personal characteristics of the individual which complement and accelerate the benefits received from formal preparational attempts. The very intelligent rapidly gain needed understanding of medical information, testing, counseling theory, and other academic subjects. A warm and naturally accepting person more quickly masters the practical techniques of the counseling relationship. These factors, too, must be weighed when considering the amount of a person's preparation for a task or job.

Experience and education are additive variables; that is, both must be considered, but there is no simple way to say how much of one can substitute for the other. Generally, the master's degree in rehabilitation counselor education (RCE) requires clinical practice instruction which is the equivalent of at least a year of normal experience in a rehabilitation setting. Thus, about one year of experience indicated as required to perform the task should be discounted for the RCE master's graduate. Undergraduate programs in rehabilitation education sometimes have supervised agency experience, but the amount and value varies.

To summarize, the user of the preparation standards listed for each task must interpret the criteria individually. The value of experience and training covers a wide range beginning with zero. In fact, some types of experience have a negative value. Nevertheless, it is believed that the task ratings provide good basic guidelines for comparative judgments.

Position Description and Worker Performance Evaluation

The task ratings for preparation requirements and criticality indicators and the Scale with its descriptive and evaluative information, furnish the instrumentation required by the supervisor to make task assignments based upon requirement data and worker qualifications. This material, used according to these guidelines, facilitates anything from a major restructuring of rehabilitation job classification to relatively minor modifications of task assignment pattern by a supervisor to accommodate individual differences or special problems.

The DVR supervisor has constraints imposed by the state civil service classification system that make for a rigid description of each job, ignoring possible differences among individual workers and their unique positions. Moreover, there is a long, still adhered to, DVR tradition of assigning the counselor to a geographic area and all that that entails in terms of the full range of responsibility for all manner of job functions and clientel.

Yet even with this bureaucratic rigidity, the resourceful supervisor finds ways of shifting work patterns. A number of innovative techniques were suggested by Wisconsin DVR supervisors in a meeting to pretest use of the task list as training material for other DVR supervisory conferences on manpower utilization.

On the basis of the Milwaukee discussions, it was concluded that perusal of the list of tasks as ordered and rated in the Inventory can help to sensitize supervisors to the need for selective assignments. A number of informal solutions were suggested despite the constraints of rigid civil service classifications and geographic territory: supervisors should provide particularly close supervision to inexperienced or untrained workers, a senior counselor can help a colleague with a problem case, additional aid to a counselor may be given by clerical workers, a serious counseling problem case can be contracted out, a very difficult client for the assigned counselor can be transferred, counselor deficiencies can be dealt with by supervisory conferences. General or widespread staff inadequacies call for special training sessions.

It is believed that when all staff members are appraised of their strengths and weaknesses through evaluation with the "Rehabilitation Task Performance Evaluation Scale" that informal or surreptitious manipulations in task assignments may be unnecessary. An up-to-date-position description listing just those tasks that the worker is qualified to perform will routinize selective assignments. The objective is to have rehabilitationists performing those tasks which are consistent with an established profile of their preparation and other qualifications.

Further Considerations in the Assignment of Job Tasks

It is a great waste of skilled manpower to overly burden them with activities which can be assigned to less well-trained or to inexperienced helpers. Every effort should be made to avoid requiring, or even allowing, highly qualified professionals to invest disproportionate time in unskilled, subprofessional activities. The converse is true: unqualified staff should not be charged with responsibilities beyond their competencies at risk of harm to the agency or its clients.

On the other hand, the proper configuration of job tasks must take into account considerations over and beyond the minimum level of preparation needed for adequate performance. It may be a wasteful duplication of effort to assign a lower-level task to an aide if it does not save substantial time of the only moderately higher-paid rehabilitation counselor.

Also, the assignment of a very easy task which has great client-impact potential, which takes little time or can be accomplished along with other work, might better be left to the counselor rather than a paraprofessional. For example, "driving a car to transport a client" could be done by an aide but the counselor might find this informal situation a worthwhile opportunity to establish rapport, exchange information, and to combine the trip with other functions, such as consultation with a cooperating resource.

Finally, a mix of levels and kinds of activities has several values for employees. Even very highly qualified professional people should not be required to spend their entire time at one activity, e.g., counseling, or at an unrelenting level of pressure. On the other hand, employees at the lower rungs of the career ladder should have some challenging assignments with growth opportunity and not be limited to dull, repetitive, simple, or unrewarding duties.

The mixture of job tasks, including giving persons opportunities to attack tasks appearing to tax their preparational qualifications, can be accomplished with reasonable safeguards. Neophytes should be given closer supervision; this is costly but this extra time by the supervisor is needed for staff development and satisfaction. It is important to note that the preparational ratings (the requirements associated with both education and experience) are based upon the assumption of minimal supervision--to reflect the worker's own (independent) knowledge and skill. The availability of close supervision might well reduce the required level of preparation as stated on the task inventory.

PERSONNEL ACTIONS AND STAFF DEVELOPMENT

This present project and new instruments have implications for all sorts of personnel action; wage setting, promotion, demotion, transfer to another function or location, special assignment, termination, commendation, counseling, and in-service training. In every instance these important actions should be based upon comprehensive worker evaluations administered serially in a structured manner. Manpower utilization requires developmental pictures of each employee with appropriate interventions and motivations for the improvement of performance. Primacy is given to the solution of barriers to worker goals and job satisfaction. This is consistent with agency objectives to improve services vital to the client.

Personnel Action Based on Employee Task Performance Evaluation

This emphasis on staff development suggests a link between the evaluation process and a management-by-objective approach. After the administration of the "Rehabilitation Task Performance Evaluation Scale" and problems and needs of the worker are defined, it is desirable to set forth solutions. Objectives are set by mutual agreement with the supervisor for improving the worker's task performance along with a plan of action, e.g., special training.

The key to the successful use of the evaluation procedure lies in its constructive purposes. These are benefits which employees welcome: the opportunity for needed professional growth through the identification of need for special training or supervisory consultation; pay increases according to recorded improvement of the quality, scope, and level of one's task performance; promotion based upon a comprehensive evaluation of present competency pattern; and task assignments based upon one's own best talents. Even unpleasant personnel actions, such as disciplinary measures resulting from poor evaluation, may be more acceptable to an employee if performance measures are fairly obtained. It is important to have periodic reappraisal of the worker's performance so that his or her status is never finalized. Finally, it is essential that the supervisor appreciate the importance of the evaluation process and uses it as an aid to personnel development.

In-service Training

Perhaps the most important personnel decision required of the supervisor involves staff development. With many good workers the opportunity for career advancement is one of the greatest motivations.

Scores from the Task Evaluation Scale and the educational requirement indicated for each task can be used by the supervisor to identify the additional preparation needed by workers to perform well and to advance. Task areas for which staff qualifications are generally weak suggest needed group instruction. A worker who has unique weaknesses can have special help for improving competency in those specific tasks. Pre- and post-administration of the Scale provides one method of assessing the agency's manpower development program.

In planning in-service training programs it must be determined which task objectives should be included. The ratings already assigned to the tasks have considerable value in task selection for constructing a curriculum, i.e., the preparational value of each task and the client impact. Criticality (reflected by the client-impact rating) is an important criterion for selection of task-training objectives. The indicated "standard" for education required for task performance should be considered in the light of the present preparational level of employees as potential trainees.

An estimate of time spent on the task is important for planning training programs. Provision for collecting this data is included in the Scale. Other data of value in training arrangement can be obtained for each task by asking additional questions, e.g., degree of worker interest in learning to do the task.

America's thrust for facilitating upward mobility of minority groups, including the educationally disadvantaged, should be spearheaded by the rehabilitation community. The Rehabilitation Job Task Inventory systematically maps rungs in the career ladder so that every employee in the personnel hierarchy can have opportunity for the training and supervised experience needed to qualify for higher-level tasks. It must be stressed that the required experience and educational levels indicated for tasks assumes minimal supervision: less well-prepared persons--with close supervision--may perform the task competently, and, through such preparation, climb the career ladder.

Upward Mobility

Using this task analysis data, jobs have been grouped in such a way that they constitute a family of related and overlapping tasks. By arranging job activities in a vertical series of preparational steps as presented on the "Rehabilitation Job Task Inventory" a rehabilitation career ladder is constructed.

Career programming with this vertical task-function structure charts movement upward in the performance of successively higher-level activities. Education and other learning experiences are then arranged for gradual advancement to higher-level activities. This approach has an obvious value of eliminating dead-end jobs at lower levels by turning them into entry opportunities. This rehabilitation career ladder reaches all the way from clerk-aide to the administrative/supervision function.

There is a strong argument inherent in these task data in favor of promotion from within--including the promotion of trained rehabilitation counselors to supervisory and top administrative positions in the state rehabilitation agency. A major predictor of potential for advancement is a pattern of consistent accomplishments in prior activities. The vertical job family or career ladder permits experientially based promotion based upon successful performance in slightly lower level tasks.

The hiring of a new staff member is the only important personnel action decision that cannot use this task performance method of evaluation. However, it is possible to use the task list as an interviewing guide or as a self-report device completed by the job applicant. Whatever can be done to objectify the selection process is desirable. In fact, fair employment practices require that the criteria for hiring be based upon the "competencies required to perform the specific job activities."

Personnel management practices--even in human service organizations--are subject to charges of discrimination. Positive action is required to correct unfair practices and to encourage opportunity for upward mobility of disadvantaged groups. At the same time, DVR administrators must use whatever influence is available to maintain a qualified staff.

The task list can be a valuable tool of the DVR administration in their effort to conform with this new mandate. The preparational qualifications of all applicants for employment are objectively documented by definition of the specific job activities and the minimum levels of education and experience required. Decisions regarding new hires and promotions are more objective when using the Inventory.

The administrator who is really interested in equal opportunity now has the basis for revising the structure of jobs to accommodate individuals with less education than now required to do professional counseling. While the task list provides increased opportunity for selective assignment of tasks and growth opportunity of employees, this is limited by prevalent DVR restrictions in the employment and assignment of personnel. Ultimately this new Task Inventory may have its greatest value in a major restructuring of rehabilitation counselor-track jobs for better manpower utilization.

It is ability that counts, or at least should count, in making personnel action decisions. Use of the Inventory and the Scale developed in the present project should provide an objective framework for fair decisions by supervisors about employees of DVR.

UTILIZATION OF THIS MATERIAL BY SUPERVISORS

This publication is primarily intended for the training and use of DVR line supervisors. This final section provides procedural suggestions for the preparation and use of the material by supervisors.

State DVR Supervisors' Conferences

It is suggested that the DVR training official arrange a short conference for line supervisors to discuss the proposed methods and instruments. The purpose of this meeting would be to explore the uses of: (a) the Inventory of rehabilitation tasks rated according to the required preparation and (b) the "Rehabilitation Task Performance Evaluation Scale."

The outcome of this conference will range from (a) the inculcation of greater awareness by supervisors of the preparational qualifications needed to perform rehabilitation tasks to (b) the development of a comprehensive agency plan for personnel action procedures based upon staff evaluation by task performance criteria. Perhaps different approaches should be explored according to the ideas of various supervisors, who are interested in better manpower utilization. It would be desirable to have several supervisors administer the Evaluation Scale to counselor-track personnel with the intention of using the resulting data for personnel action decisions, e.g., selecting task assignments to fit worker qualifications, planning training to meet staff needs, or using supervisory consultation time to correct worker deficiencies.

Of course the decision as to whether or not to hold the proposed meeting will depend upon the DVR administrator's estimate of the agency's manpower utilization problems and the potential values of the task-analysis approach. Details such as the agenda, time, preparations, and follow-trhough will vary according to conference goals.

The individual in charge of the training conference should become familiar with the task-analysis technique before the meeting. The UW-RRRI has prepared a "State-of-the-Art" publication covering the relevant literature. Also, the Institute's Monograph 22 on the subject should be studied. Single copies of both are available upon request. Copies of the present publication should be ordered for advance distribution to all participating supervisors.

This publication should be read before the meeting by all participants. The meeting time can then be used to answer questions and discuss uses of the job-task list for staff performance evaluation and for assignment of tasks according to worker qualifications.

It is expected that this first meeting would address itself to improving the utilization of rehabilitation manpower by using the new strategy presented here. Adaptations and innovations as well as implementations of the present proposal can be discussed after the initial description and understanding of this task-analysis method.

Administration of the Scale

It has been found useful to have participants in a meeting complete a copy of the Scale in order to understand it. The referent for this exercise may be: (a) the supervisor him/herself, (b) a selected employee, or (c) the composite of the supervisor's entire counselor-track staff. The latter is believed preferable although it obviously changes the necessary instructions, e.g., "fill in this as you think the self-ratings by your employees would be on the average," or "in your judgment, how well do you think these tasks are actually performed by your staff." (In either example, qualification ratings may be limited to reflect the task competency of only those staff members who perform the specific task.) The "percentage" column in group evaluation can be filled in by the supervisor to estimate the percent of total staff time (man-hours) spent doing the work.

The time taken in completing the task evaluations is quite worthwhile. It provides the supervisor with an appreication of the differential nature of task qualifications and the need for individual evaluation and assignments. If the results of the responses of a number of supervisors are immediately scored and summarized (i.e., means and range or standard deviation), a very interesting use of the Scale is demonstrated by discussing results of selected items (e.g., tasks with unexpectedly high or low scores or those tasks that take a disproportionate amount of staff time).

The DVR training official may wish to administer the Scale to several counselors (or other workers) for field testing and (pilot) summary scores prior to the supervisors meeting. However, no one should attempt to use the Scale without some orientation because of its complexities of interpretation and the sensitive nature of any personal evaluation.

The Scale has three codes attached to each task: the capital letter coding the required level of education, a number (or fraction) indicating years of experience needed, and, a lower case letter representing the task impact. These codes deserve careful attention in any discussion or use of the task list. (Please see page 11.)

State DVR Use

Other suggestions for supervisory orientation in the use of the Task Inventory preparation ratings and the Evaluation Scale are given in the UW-RRRI Monograph 22. For state-wide use of the Scale leading to normative and analytical scores, the instrument and instructions must be standardized. Note that additional copies of the Scale for administration to the entire staff are available from the Institute.

The authors would appreciate state agency feedback on the uses and results of this task-analysis approach. Questions and reports on the methods or instruments should be directed to the senior author at the Institute.

REHABILITATION TASK PERFORMANCE EVALUATION SCALE

REHABILITATION TASK PERFORMANCE EVALUATION SCALE

INSTRUCTIONS: This is a method to evaluate your qualifications to perform a large variety of rehabilitation tasks. Everyone is better at some activities than others. Check your present level of capability for each task on the list. Also estimate the percent (%) of time spent on the task. Put "0" in the percentage column if it is not part of your present job. Please respond to each and every task for both time spent and your performance capability. Comments and tasks that are not listed may be added.

This table is to help you in estimating percentage of time spent per 40 hour week on a task:

0% = never perform this task on present job
1% = do the task rarely, i.e., less than 1/2 hour per week
2% = almost one hour per week spent on this task
5% = two hours per week
10% = four hours per week
15% = six hours per week

The estimates you make of time spent on each task are relative: the important thing is to know that one task takes, say, twice as much time as another. Do not be concerned if the total percentage of all tasks does not add up to 100% because this will be adjusted later.

You are asked to evaluate your capability for all tasks on the list, including those that are not part of your present job. Please rate the quality of your task performance, or potential capability if the task were to be assigned to you. "Quality" is defined as the accuracy, thoroughness, effectiveness, and efficiency of task performance. The rating of performance quality is on a five-point scale from inferior to superior. By definition the "average" rating would be checked by around half of the people who do the task. Workers who do not perform a task usually need preparation to develop average or better capability.

Take your time and answer the entire list of 294 items. Evaluate your job-task qualifications as you realistically see your present capabilities. Your supervisor will review your self-report and use the data in a constructive personnel program of staff development and utilization.

Note that the coding (e.g., B2c) between items is for further analyses and has nothing to do with your responses. Additional information about the Scale and its uses is given in publications by the University of Wisconsin-Madison, Rehabilitation Research Institute.

REHABILITATION TASK PERFORMANCE EVALUATION SCALE

TIME SPENT %	PERFORMANCE QUALITY				
	Inferior	Below Av	Average	Above Av	Superior

I. ADMINISTRATION/SUPERVISION

A. Assuming responsibility, leadership, or authority:

1. interviewing individuals applying for counseling or paraprofessional positions.
   D2d ___ [ ] [ ] [ ] [ ] [ ]
2. arranging for the implementation of special staff study projects and the establishing of task force groups.
   D2b ___ [ ] [ ] [ ] [ ] [ ]
3. recommending personnel promotion, reclassification, retention, merit increase, dismissal, and the like for employees.
   D2c ___ [ ] [ ] [ ] [ ] [ ]
4. establishing binding contractual arrangements and fee schedules with educational, medical, employment, and other service vendors.
   D2c ___ [ ] [ ] [ ] [ ] [ ]
5. conducting a weekly unit staff meeting in capacity of unit supervisor in order to maintain staff motivation for work output and to keep staff apprised of unit casework progress, etc.
   D2c ___ [ ] [ ] [ ] [ ] [ ]
6. assigning work to counselors, on the basis of individual abilities, caseload size, etc., and assisting as necessary to make certain that assignments are completed.
   D2d ___ [ ] [ ] [ ] [ ] [ ]
7. informing new worker of his/her role and limitations of that role in agency, relationship to other workers and clients, case work procedures, and agency regulations.
   D2d ___ [ ] [ ] [ ] [ ] [ ]
8. orienting and training college field work and practicum students, providing assistance in resolving their difficult case problems.
   D2c ___ [ ] [ ] [ ] [ ] [ ]
9. conducting conferences or staff meetings to encourage staff development and provide in-service training.
   D2c ___ [ ] [ ] [ ] [ ] [ ]
10. informing subordinate worker of reasons for dismissal, demotion, or other disciplinary action, and explaining rights of and procedures for worker to appeal decision.
    D2c ___ [ ] [ ] [ ] [ ] [ ]
11. establishing priorities of case spending and providing assistance as necessary with related budgeting problems.
    D2c ___ [ ] [ ] [ ] [ ] [ ]
12. designing and promoting the maintenance of an adequate case finding system.
    D2c ___ [ ] [ ] [ ] [ ] [ ]
13. providing information to employees about training requirements for reclassification and career growth.
    D2c ___ [ ] [ ] [ ] [ ] [ ]
14. designing and periodically evaluating office procedures, clerical assignments, and schedules to maintain office efficiency.
    D2b ___ [ ] [ ] [ ] [ ] [ ]
15. assigning case to a client services assistant; explaining the immediacy and type of client needs as necessary.
    C1c ___ [ ] [ ] [ ] [ ] [ ]
16. interviewing individuals applying for clerical positions.
    B1b ___ [ ] [ ] [ ] [ ] [ ]

TIME SPENT %	PERFORMANCE QUALITY				
	Inferior	Below Av	Average	Above Av	Superior

I. ADMINISTRATION/SUPERVISION (cont.)

B. Preparing administrative statements:

17. assisting in the preparation of legislative proposals to be considered on the state or possibly, federal level. D2b ___ [ ] [ ] [ ] [ ] [ ]
18. preparing overall work unit budget estimate or request for each upcoming fiscal year. D2c ___ [ ] [ ] [ ] [ ] [ ]
19. preparing and updating reports on rehabilitation activity, statistical breakdowns, fiscal situation, and employee evaluations. D2b ___ [ ] [ ] [ ] [ ] [ ]
20. writing memorandums to work unit staff about agency procedures and policies, new developments, meetings, etc. D2b ___ [ ] [ ] [ ] [ ] [ ]
21. preparing specific objectives for an individual caseload in accord with a management by objective model. D2c ___ [ ] [ ] [ ] [ ] [ ]
22. preparing unit quarterly report for forwarding to the state office or district supervisor. D1b ___ [ ] [ ] [ ] [ ] [ ]
23. preparing an overall format for group counseling sessions and formulating objectives for the group. C2c ___ [ ] [ ] [ ] [ ] [ ]

C. Consulting, conferring or otherwise interacting:

24. negotiating the amount of individual worker's budget allocation for the forthcoming fiscal year with the worker. D2c ___ [ ] [ ] [ ] [ ] [ ]
25. participating actively in annual district supervisors' meetings to learn about new program developments, procedural changes, and other agency-related information. D2c ___ [ ] [ ] [ ] [ ] [ ]
26. consulting with supervisor of local office or satellite offices in district to become apprised of overall level of office functioning. D2b ___ [ ] [ ] [ ] [ ] [ ]
27. conferring with counselor to assist in developing a written rehabilitation plan based on the most effective methods of meeting particular clients needs. D1d ___ [ ] [ ] [ ] [ ] [ ]
28. explaining to worker reasons for denying approval of a particular case action. D1c ___ [ ] [ ] [ ] [ ] [ ]
29. conferring with supplemental program personnel to learn about status of special program. D1c ___ [ ] [ ] [ ] [ ] [ ]
30. consulting with staff persons in charge of and/or monitoring clerical operations. B1b ___ [ ] [ ] [ ] [ ] [ ]
31. participating actively in regularly scheduled meetings in district or local office to keep abreast of work-related developments and to keep co-workers apprised of activity within specific job assignments. A1c ___ [ ] [ ] [ ] [ ] [ ]

TIME SPENT %	PERFORMANCE QUALITY				
	Inferior	Below Av	Average	Above Av	Superior

I. ADMINISTRATION/SUPERVISION (cont.)

D. Reading, reviewing or analyzing:

32. evaluating caseload composition of individual workers to monitor work performance, noting any potential problem areas or unusual trends, and detecting any deviations from agency guidelines. ___[ ][ ][ ][ ][ ]
D2c

33. evaluating individual worker budgets to detect any deviations from accepted norms and compliance with regulations. ___[ ][ ][ ][ ][ ]
D2b

34. monitoring worker travel itineraries for conformity with agency policy relative to management of time, etc. ___[ ][ ][ ][ ][ ]
D2b

35. analyzing information in order to prepare a summary report on geographic areas served, number and types of clients, services provided and problems encountered. ___[ ][ ][ ][ ][ ]
D1b

36. reviewing established policies regarding services to handicapped in the area and making recommendations for progressive modifications. ___[ ][ ][ ][ ][ ]
D1c

37. reviewing active case files periodically to monitor quality of case recording. ___[ ][ ][ ][ ][ ]
D1c

38. analyzing findings of supervisor's file review and taking corrective action regarding case work deficiencies. ___[ ][ ][ ][ ][ ]
C1c

39. studying and reading manuals, case records, and other materials to learn how to apply agency policies and procedures. ___[ ][ ][ ][ ][ ]
A ½c

40. reviewing agency's rules to find out about requirements for employment and promotion. ___[ ][ ][ ][ ][ ]
A ½b

41. reviewing worker expense vouchers for conformity with agency expense allowances. ___[ ][ ][ ][ ][ ]
A ½b

42. reviewing minutes of agency meetings. ___[ ][ ][ ][ ][ ]
A ½a

II. EVALUATION

A. Evaluating agency programs:

43. determining whether the unit or district has an adequate number and type of personnel. ___[ ][ ][ ][ ][ ]
D2d

44. determining whether to hire individual applicants for agency counselor or paraprofessional positions. ___[ ][ ][ ][ ][ ]
D2d

45. determining whether to participate in research projects based on their potential value to clients and the agency, consumption of time and resources, etc. ___[ ][ ][ ][ ][ ]
D2b

		TIME SPENT %	PERFORMANCE QUALITY				
			Inferior	Below Av	Average	Above Av	Superior
II.	EVALUTATION (cont.)						
46.	reading and reacting to proposals (e.g., research, program, etc.) submitted to the federal government by agency or collateral sources. D2b	___	[ ]	[ ]	[ ]	[ ]	[ ]
47.	determining whether rehabilitation centers or facilities, sheltered workshops, and other educational or training sites within an area provide viable occupational training. D2c	___	[ ]	[ ]	[ ]	[ ]	[ ]
48.	consulting with evaluators on methods to assess problems involved in delivering services to rehabilitation clients. D2c	___	[ ]	[ ]	[ ]	[ ]	[ ]
49.	using survey results to identify rehabilitation-related needs in settings not directly accessible to the agency. D1c	___	[ ]	[ ]	[ ]	[ ]	[ ]
50.	identifying techniques for measuring effectiveness of training program. C1c	___	[ ]	[ ]	[ ]	[ ]	[ ]
51.	developing survey form to gather specific types of data from staff members for planning purposes. C1b	___	[ ]	[ ]	[ ]	[ ]	[ ]
52.	self-initiating or participating in agency-initiated research projects. C1c	___	[ ]	[ ]	[ ]	[ ]	[ ]
	B. Evaluating case work:						
53.	evaluating case closure information as received from the worker and, in the case of successful closures, whether adequate follow-up was provided. D2c	___	[ ]	[ ]	[ ]	[ ]	[ ]
54.	determining whether a rehabilitation plan is appropriate or feasible as received from the worker. D2d	___	[ ]	[ ]	[ ]	[ ]	[ ]
55.	ranking new cases in order of priority for service. C1d	___	[ ]	[ ]	[ ]	[ ]	[ ]
56.	determining whether to approve or deny service requested for a client. C1d	___	[ ]	[ ]	[ ]	[ ]	[ ]
57.	deciding on appropriateness of the placement of an applicant into an extended evaluation status. C1d	___	[ ]	[ ]	[ ]	[ ]	[ ]
58.	evaluating a rehabilitation plan with supervisor to test the feasibility and probable consequences of pursuing the plan. C1d	___	[ ]	[ ]	[ ]	[ ]	[ ]
59.	evaluating random sample of client case records to determine whether case services provided are consistent with agency policies and procedures. B2c	___	[ ]	[ ]	[ ]	[ ]	[ ]
60.	administering self-report survey forms (e.g., client gain scale) to assess a client's progress. B1c	___	[ ]	[ ]	[ ]	[ ]	[ ]
61.	determining whether the rehabilitation plan can be implemented using special resources, (e.g., Trust Fund) as opposed to regular program funds. B1c	___	[ ]	[ ]	[ ]	[ ]	[ ]
62.	reporting to supervisor about caseload size and movement. B1d	___	[ ]	[ ]	[ ]	[ ]	[ ]

		TIME SPENT %	PERFORMANCE QUALITY				
			Inferior	Below Av	Average	Above Av	Superior
II.	EVALUATION (cont.)						
	C. Evaluating client needs:						
63.	determining a client's readiness for a particular type of counseling approach, rehabilitation service, or employment. C1d	___	[ ]	[ ]	[ ]	[ ]	[ ]
64.	selecting clients to participate in a group counseling situation. C1c	___	[ ]	[ ]	[ ]	[ ]	[ ]
65.	evaluating which settings or conditions would be most appropriate for interviewing or counseling with a particular client. C1c	___	[ ]	[ ]	[ ]	[ ]	[ ]
66.	choosing an appropriate vocational testing battery for a particular client. C1c	___	[ ]	[ ]	[ ]	[ ]	[ ]
67.	determining which is the appropriate agency or community resource to possibly help solve client-family problems. C1c	___	[ ]	[ ]	[ ]	[ ]	[ ]
68.	determining amount of time necessary for counseling sessions or client's decision-making process. C1c	___	[ ]	[ ]	[ ]	[ ]	[ ]
69.	evaluating client's stated needs to determine if the service which the client is requesting is appropriate. C1d	___	[ ]	[ ]	[ ]	[ ]	[ ]
70.	evaluating information about a client's problems to determine a counseling approach that might help a client adapt to a setting or situation. C1d	___	[ ]	[ ]	[ ]	[ ]	[ ]
71.	determining primary/secondary disability or the dominance of one type of disability over the other. C1d	___	[ ]	[ ]	[ ]	[ ]	[ ]
72.	evaluating the extent to which a significant person in the client's life may be helpful in resolving a client's problem. C1c	___	[ ]	[ ]	[ ]	[ ]	[ ]
73.	determining level and type of training or educational program a client might enter. C1d	___	[ ]	[ ]	[ ]	[ ]	[ ]
74.	evaluating client's progress and ability to use homecraft services constructively. C1d	___	[ ]	[ ]	[ ]	[ ]	[ ]
75.	determining if a client's situation warrants a sheltered workshop referral. C1d	___	[ ]	[ ]	[ ]	[ ]	[ ]
76.	deciding whether a client requires a special work evaluation. C1d	___	[ ]	[ ]	[ ]	[ ]	[ ]
77.	evaluating client participation in or benefits being received from educational, training, or other DVR program service in order to initiate or recommend necessary program modifications. B1c	___	[ ]	[ ]	[ ]	[ ]	[ ]

	TIME SPENT %	PERFORMANCE QUALITY				
		Inferior	Below Av	Average	Above Av	Superior

III. CONSULTATION

A. Conferring outside the agency:

78. meeting with representatives of college and university rehabilitation programs to plan and coordinate educational or research activities. ____ [ ] [ ] [ ] [ ] [ ]
D2c

79. consulting with staff development specialists to establish and coordinate training efforts. ____ [ ] [ ] [ ] [ ] [ ]
D1c

80. consulting with representatives of community agencies in order to provide expertise in relation to the vocational problems of the disabled. ____ [ ] [ ] [ ] [ ] [ ]
C1c

81. discussing client's progress with client and workshop supervisor during regular workshop visit in order to consider modifications as necessary. ____ [ ] [ ] [ ] [ ] [ ]
C1d

82. consulting with psychologist or psychiatrist to clarify a report on a client in relation to rehabilitation planning. ____ [ ] [ ] [ ] [ ] [ ]
C1c

83. conferring with liaison personnel at other community service agencies or other involved persons to obtain clarifying information for an eligibility decision. ____ [ ] [ ] [ ] [ ] [ ]
B1c

84. exchanging information with other persons involved with the client's adjustment, etc., in order to provide as well as receive knowledge about the case. ____ [ ] [ ] [ ] [ ] [ ]
B1d

85. consulting with experts in a particular field, prior to authorizing a training or educational program, to determine potential for final placement of the client in that field. ____ [ ] [ ] [ ] [ ] [ ]
B½d

86. talking with client's creditors to arrange for cooperation with client's plans to resolve financial difficulties. ____ [ ] [ ] [ ] [ ] [ ]
B½c

B. Conferring within the agency:

87. suggesting alternatives available for in-service training to employee and eliciting employee's preference. ____ [ ] [ ] [ ] [ ] [ ]
D1c

88. conferring with office personnel about administrative procedures in order to become informed about problem areas. ____ [ ] [ ] [ ] [ ] [ ]
D1b

89. serving as an informational source to office staff on a specific disability. ____ [ ] [ ] [ ] [ ] [ ]
C1c

90. consulting with supervisors in order to determine training needs for planning training conferences and activities. ____ [ ] [ ] [ ] [ ] [ ]
C1c

91. consulting with co-worker(s) about client in order to find employment for the client. ____ [ ] [ ] [ ] [ ] [ ]
C1d

92. participating in a joint discussion with client and co-worker in order to help arrive at a mutually acceptable rehabilitation plan. ____ [ ] [ ] [ ] [ ] [ ]
C ½d

	TIME SPENT %	PERFORMANCE QUALITY				
		Inferior	Below Av	Average	Above Av	Superior
III. CONSULTATION (cont.)						
93. meeting with a medical consultant in order to further evaluate reported information in relation to rehabilitation planning. C½d	____	[ ]	[ ]	[ ]	[ ]	[ ]
94. consulting with supervisor and co-worker concerning discrepancies in written rehabilitation plan in order to resolve impending differences of opinion about case management. B1c	____	[ ]	[ ]	[ ]	[ ]	[ ]
95. informing a colleague working in a local office about changes in fiscal reporting procedures, general regulations, etc. A1b	____	[ ]	[ ]	[ ]	[ ]	[ ]
IV. PROFESSIONAL AND AGENCY DEVELOPMENT						
A. Developing the agency:						
96. encouraging staff members to increase their knowledge about and skills in vocational rehabilitation. D2c	____	[ ]	[ ]	[ ]	[ ]	[ ]
97. representing the agency at and participating in national or regional rehabilitation conventions. C2b	____	[ ]	[ ]	[ ]	[ ]	[ ]
98. seeking to improve those conditions that impede the successful rehabilitation of clients with a specific disability (e.g., through proposals to the city council, etc.). C1d	____	[ ]	[ ]	[ ]	[ ]	[ ]
99. working with community members in developing and implementing programs to improve social, vocational, educational and employment opportunities for the disabled. C1d	____	[ ]	[ ]	[ ]	[ ]	[ ]
100. exchanging ideas related to district office programs and policies with supervisor. B1b	____	[ ]	[ ]	[ ]	[ ]	[ ]
B. Developing self professionally.						
101. participating actively in training conferences and in-service training sessions. D1c	____	[ ]	[ ]	[ ]	[ ]	[ ]
102. reading professional journals, current research reports and publications C ½b	____	[ ]	[ ]	[ ]	[ ]	[ ]
103. reading materials pertinent to the evaluation of labor market trends. B ½c	____	[ ]	[ ]	[ ]	[ ]	[ ]
104. presenting an oral or written report in order to share information gained at a training session with those staff members who did not attend. A ½b	____	[ ]	[ ]	[ ]	[ ]	[ ]

	TIME SPENT %	PERFORMANCE QUALITY				
		Inferior	Below Av	Average	Above Av	Superior
V. CLIENT COUNSELING AND PLANNING						
A. Interacting with client:						
105. serving as a leader in a weekly group counseling session focused on adjustment problems. C1c	___	[ ]	[ ]	[ ]	[ ]	[ ]
106. providing adjustment counseling, facilitating necessary life changes, etc., to a client (e.g., in dealing with a degenerative disability). C1d	___	[ ]	[ ]	[ ]	[ ]	[ ]
107. maintaining a counseling relationship in difficult situations (e.g., a client hostility or uncooperativeness). C1d	___	[ ]	[ ]	[ ]	[ ]	[ ]
108. assisting a client to explore his/her need for psychotherapy services. C1d	___	[ ]	[ ]	[ ]	[ ]	[ ]
109. helping a client arrive at a decision regarding medical or surgical treatment, the use of a prosthesis, or restoration services. C1d	___	[ ]	[ ]	[ ]	[ ]	[ ]
110. assisting clients to a deeper understanding of themselves or others through discussion of motivations underlying behavior, etc. C1d	___	[ ]	[ ]	[ ]	[ ]	[ ]
111. developing a facilitative counseling relationship by attending in an immediate and relevant manner to a client. C1d	___	[ ]	[ ]	[ ]	[ ]	[ ]
112. reflecting a client's feeling tone while discussing a problem. C1d	___	[ ]	[ ]	[ ]	[ ]	[ ]
113. helping an employed client identify job adjustment problems and develop a course of action to solve them. C1d	___	[ ]	[ ]	[ ]	[ ]	[ ]
114. reassuring an anxious or apprehensive client. C½d	___	[ ]	[ ]	[ ]	[ ]	[ ]
115. ensuring that a client's expectation of agency services are understood and that the client understands his/her responsibilities and the agency's role. B½d	___	[ ]	[ ]	[ ]	[ ]	[ ]
B. Reaching understanding with client.						
116. obtaining client's agreement on the nature and goals of counseling. C1d	___	[ ]	[ ]	[ ]	[ ]	[ ]
117. obtaining agreement with a client concerning action to be taken to help resolve a crisis. C1d	___	[ ]	[ ]	[ ]	[ ]	[ ]
118. reaching an understanding about objectives as a potential group member. C1c	___	[ ]	[ ]	[ ]	[ ]	[ ]
119. negotiating an agreement on alternative services to be provided when a client has been refused a requested service. C1d	___	[ ]	[ ]	[ ]	[ ]	[ ]
120. negotiating an agreement on time and reason(s) for terminating rehabilitation services. C½d	___	[ ]	[ ]	[ ]	[ ]	[ ]
121. obtaining understanding regarding the contents of the written rehabilitation plan. C½d	___	[ ]	[ ]	[ ]	[ ]	[ ]

	TIME SPENT %	PERFORMANCE QUALITY				
		Inferior	Below Av	Average	Above Av	Superior

V. CLIENT COUNSELING AND PLANNING (cont.)

122. obtaining understanding about a client's preferred service(s) and on the respective responsibilities involved in obtaining service(s). B1d ____ [ ] [ ] [ ] [ ] [ ]

123. reaching an understanding about the agency's financial responsibilities for the client's rehabilitation. B½d ____ [ ] [ ] [ ] [ ] [ ]

C. Using overt reinforcement, persuasion or encouragement:

124. encouraging modification of an observed client-family relationship, if necessary, to facilitate service delivery to the client. C1d ____ [ ] [ ] [ ] [ ] [ ]

125. encouraging the development of a more accepting level of adjustment to a disability through discussion of its implications. C1d ____ [ ] [ ] [ ] [ ] [ ]

126. encouraging a client, especially if unmotivated, to become properly involved in the rehabilitation plan. C1d ____ [ ] [ ] [ ] [ ] [ ]

127. persuading client or family to accept a temporary alternative rehabilitation plan. C1d ____ [ ] [ ] [ ] [ ] [ ]

128. encouraging a client with a specific problem to take a particular course of problem-solving action. C1d ____ [ ] [ ] [ ] [ ] [ ]

129. persuading client to use needed medication as prescribed. C½d ____ [ ] [ ] [ ] [ ] [ ]

130. encouraging a client to discuss perceptions of services being provided. B½d ____ [ ] [ ] [ ] [ ] [ ]

131. encouraging a client to join an appropriate community group. B½c ____ [ ] [ ] [ ] [ ] [ ]

D. Providing information to client about service needs:

132. promoting a client's understanding of his/her vocational strengths and weaknesses; integrating the interpretation of vocational, psychological, and social evaluative reports as necessary. C1d ____ [ ] [ ] [ ] [ ] [ ]

133. giving clients additional information about their disabilities in a scheduled group information session(s). C1c ____ [ ] [ ] [ ] [ ] [ ]

134. describing the effects of a client's disability, his/her present needs, gains in training, and present emotional state to parents or guardian(s). C1d ____ [ ] [ ] [ ] [ ] [ ]

135. suggesting possible ways that a client may ameliorate or adjust to an identified problem. C1d ____ [ ] [ ] [ ] [ ] [ ]

136. facilitating a client's cooperation in diagnostic procedures. C½d ____ [ ] [ ] [ ] [ ] [ ]

137. providing integrated medical information to the client. C½d ____ [ ] [ ] [ ] [ ] [ ]

138. making a client aware of alternative community resources. B½d ____ [ ] [ ] [ ] [ ] [ ]

V. CLIENT COUNSELING AND PLANNING (cont.)	TIME SPENT %	PERFORMANCE QUALITY				
		Inferior	Below Av	Average	Above Av	Superior
139. explaining fully the proposed rehabilitation plan. B½d	___	[ ]	[ ]	[ ]	[ ]	[ ]
140. explaining the purpose of specific programs, facilities, or institutions. B½d	___	[ ]	[ ]	[ ]	[ ]	[ ]
141. orienting client to housing and other necessities to aid in daily living and mobility. B½c	___	[ ]	[ ]	[ ]	[ ]	[ ]
142. assisting client to budget personal or family finances. B½c	___	[ ]	[ ]	[ ]	[ ]	[ ]
143. advising disabled clients of special travel discounts and similar benefits to which they are entitled. B½c	___	[ ]	[ ]	[ ]	[ ]	[ ]
E. Eliciting information from the client:						
144. seeking information to assess the psychological implications of the individual's words or actions as related to his/her disability. C1d	___	[ ]	[ ]	[ ]	[ ]	[ ]
145. seeking information to determine a client's conflicts, tensions and anxieties. C1d	___	[ ]	[ ]	[ ]	[ ]	[ ]
146. eliciting information from an applicant by assisting the individual to identify and verbalize need for services. C1d	___	[ ]	[ ]	[ ]	[ ]	[ ]
147. seeking information from a client about the nature, source, and scope of a complaint regarding quality of services purchased, etc. B½c	___	[ ]	[ ]	[ ]	[ ]	[ ]
148. eliciting information about the existence, onset, severity and expected duration of a client's disability(ies). B½d	___	[ ]	[ ]	[ ]	[ ]	[ ]
149. eliciting information to determine a client's vocational skills, aptitudes and interests. B½d	___	[ ]	[ ]	[ ]	[ ]	[ ]
150. seeking information to determine a client's adjustment and progress as outlined in the written rehabilitation plan. B½d	___	[ ]	[ ]	[ ]	[ ]	[ ]
151. seeking information about a client while in an informal situation (e.g., transporting a client to his/her home). B½c	___	[ ]	[ ]	[ ]	[ ]	[ ]
F. Developing the client's rehabilitation plan:						
152. modifying a client's vocational plans when they appear unrealistic by confronting discrepancies in these plans and focusing on specific goals. C1d	___	[ ]	[ ]	[ ]	[ ]	[ ]
153. developing intermediate rehabilitation objectives for a client during a convalescent period. C1c	___	[ ]	[ ]	[ ]	[ ]	[ ]
154. reviewing case notes and supportive documentation from transferred case file prepared by agency's worker in order to carry out further rehabilitation activities. C½d	___	[ ]	[ ]	[ ]	[ ]	[ ]

	TIME SPENT %	PERFORMANCE QUALITY				
		Inferior	Below Av	Average	Above Av	Superior
V. CLIENT COUNSELING AND PLANNING (cont.)						
155. conceptualizing the steps of a rehabilitation plan, as developed with a client, and forwarding to supervisor for approval. $C_{3}d$	____	[ ]	[ ]	[ ]	[ ]	[ ]
156. evaluating background material obtained from referral source. $C_{3}c$	____	[ ]	[ ]	[ ]	[ ]	[ ]
157. completing extended evaluation plan and forwarding to supervisor for approval. $C_{3}d$	____	[ ]	[ ]	[ ]	[ ]	[ ]
158. conversing with supervisor about a client's presented problems to obtain supervisor's approval of rehabilitation plan. $Bi_{3}d$	____	[ ]	[ ]	[ ]	[ ]	[ ]
VI. REHABILITATION CLIENT ASSESSMENT						
A. Assessing important dimensions of adjustment:						
159. assessing a client's physical limitations, work tolerance, motivation, and level of vocational functioning at vocational adjustment center through personal visits and reports. C1d	____	[ ]	[ ]	[ ]	[ ]	[ ]
160. preparing a summary report, detailing and synthesizing individual's vocational aptitudes/interests, work evaluation report, intelligence, academic achievement, etc. C1c	____	[ ]	[ ]	[ ]	[ ]	[ ]
161. assessing the impact of cultural-ethnic and socioeconomic factors on client's vocational goals. C1d	____	[ ]	[ ]	[ ]	[ ]	[ ]
162. assessing the consistency of a client's vocational choice with individual's personality preferences. C1d	____	[ ]	[ ]	[ ]	[ ]	[ ]
163. assessing a client's activities and hobbies and relating them to skills of perception, dexterity, etc. C1d	____	[ ]	[ ]	[ ]	[ ]	[ ]
164. assessing a client's past adjustment to the work world. C1d	____	[ ]	[ ]	[ ]	[ ]	[ ]
165. assessing a client's appearance, manner, general attitude, etc., in personal interview to determine client's social barriers to employment. $C_{3}d$	____	[ ]	[ ]	[ ]	[ ]	[ ]
166. assessing client's previous academic achievement and relating this to the individual's vocational goals. $C_{3}d$	____	[ ]	[ ]	[ ]	[ ]	[ ]
B. Assessing through the use of psychological measurement:						
167. interpreting individual intelligence tests (e.g., Wechsler Adult Intelligence Scales, Stanford Binet). C1d	____	[ ]	[ ]	[ ]	[ ]	[ ]
168. administering individual intelligence tests (e.g., Wechsler Adult Intelligence Scale, Stanford Binet, etc.). C1c	____	[ ]	[ ]	[ ]	[ ]	[ ]
169. interpreting personality inventories (e.g., Edwards Personality Preference Schedule, etc.). C1c	____	[ ]	[ ]	[ ]	[ ]	[ ]

	TIME SPENT %	PERFORMANCE QUALITY				
		Inferior	Below Av	Average	Above Av	Superior
VI. REHABILITATION CLIENT ASSESSMENT (cont.)						
170. interpreting group intelligence and special aptitude tests (e.g., General Aptitude Test Battery). C1c	____	[ ]	[ ]	[ ]	[ ]	[ ]
171. interpreting vocational interest inventories (e.g., Strong-Campbell, Kuder, Job Sample Preference Sheet, etc.). C½d	____	[ ]	[ ]	[ ]	[ ]	[ ]
172. interpreting the aptitude tests (e.g., School and College Ability, Differential Aptitude Test, etc.). C½C	____	[ ]	[ ]	[ ]	[ ]	[ ]
173. administering personality inventories (e.g., Edwards Personality Preference Schedule, etc.). B½b	____	[ ]	[ ]	[ ]	[ ]	[ ]
174. administering vocational interest inventories (e.g., Strong-Campbell, Kuder, Job Sample Perference Sheet, etc.). B½b	____	[ ]	[ ]	[ ]	[ ]	[ ]
175. explaining purpose of and instructions for a standardized test. B½b	____	[ ]	[ ]	[ ]	[ ]	[ ]
176. administering group intelligence and special aptitude tests (e.g., General Aptitude Test Battery, etc.). B½b	____	[ ]	[ ]	[ ]	[ ]	[ ]
177. administering aptitude tests (e.g., School and College Ability Test, Differential Aptitude Test, etc.). A½b	____	[ ]	[ ]	[ ]	[ ]	[ ]
178. scoring routine aptitude, performance, and interest tests, recording test results, and maintaining test files. A½b	____	[ ]	[ ]	[ ]	[ ]	[ ]
VII. JOB PLACEMENT						
A. Working with client seeking employment:						
179. advising and directing a client in the establishment of a small business enterprise and supervising the selection and financing of business equipment. D1c	____	[ ]	[ ]	[ ]	[ ]	[ ]
180. procuring information from a client and an employer regarding client's adjustment to a job and providing supportive counseling as necessary to ensure placement. C1d	____	[ ]	[ ]	[ ]	[ ]	[ ]
181. providing a client with employment alternatives based on resource information (e.g., D.O.T., Occupational Briefs, Want ads, etc.). C½C	____	[ ]	[ ]	[ ]	[ ]	[ ]
182. role-playing an employment interview with a client in order to reduce anxiety and generally prepare the client for a job interview. B ½d	____	[ ]	[ ]	[ ]	[ ]	[ ]
183. providing direct information to a client on an available job opening or on-the-job training program that best suits his/her needs and abilities. B ½d	____	[ ]	[ ]	[ ]	[ ]	[ ]
184. instructing an individual or a group of clients about ways to locate job leads. B ½d	____	[ ]	[ ]	[ ]	[ ]	[ ]

	TIME SPENT %	PERFORMANCE QUALITY				
		Inferior	Below Av	Average	Above Av	Superior

VII. JOB PLACEMENT (cont.)

185. talking with a client about preparing for job interviews (e.g., appropriate dress, good grooming, positive attitudes). B½d ____ [ ] [ ] [ ] [ ] [ ]

186. providing a personal reference for a client who is seeking a job. B½c ____ [ ] [ ] [ ] [ ] [ ]

187. accompanying and assisting a client (perhaps transporting client) to job interviews or in a job hunting process. B¼c ____ [ ] [ ] [ ] [ ] [ ]

B. Developing community job opportunities:

188. evaluating job activities in particular positions to determine if any modifications could open the positions to rehabilitation clients (e.g., safety modifications, removal of architectural barriers, etc.). B1d ____ [ ] [ ] [ ] [ ] [ ]

189. determining which (if any) industries in an assigned geographic area have paid openings or on-the-job training positions within the capabilities of clients with specific disabilities. B1c ____ [ ] [ ] [ ] [ ] [ ]

190. negotiating with an individual or organization regarding on-the-job training services for a particular client. B½c ____ [ ] [ ] [ ] [ ] [ ]

191. securing and maintaining (with clerical support) an active file on employers and training facilities. B½c ____ [ ] [ ] [ ] [ ] [ ]

192. contacting community employment resources to investigate the possibility of placing a client in gainful employment. B½d ____ [ ] [ ] [ ] [ ] [ ]

VIII. REFERRAL AND COMMUNITY RELATIONS

A. Arranging client referral with a community resource:

193. arranging genetic counseling for a client as recommended by a medical professional. C1c ____ [ ] [ ] [ ] [ ] [ ]

194. referring client to a school or college setting for necessary coursework. C½c ____ [ ] [ ] [ ] [ ] [ ]

195. referring client for a neurological or other special medical evaluation. C½d ____ [ ] [ ] [ ] [ ] [ ]

196. referring client for a psychiatric or psychological evaluation. C½d ____ [ ] [ ] [ ] [ ] [ ]

197. discussing placement plans with client and staff members of community facility (e.g., half-way house) to alleviate client's fears regarding placement at the facility. B1d ____ [ ] [ ] [ ] [ ] [ ]

198. recommending that client contact community volunteer groups that provide otherwise unavailable services to people with a specific disability. B½c ____ [ ] [ ] [ ] [ ] [ ]

199. contacting a resource to whom a client is being referred in order to decide about mutual responsibilities regarding a client. B½d ____ [ ] [ ] [ ] [ ] [ ]

VIII. REFERRAL AND COMMUNITY RELATIONS (cont.)	TIME SPENT %	PERFORMANCE QUALITY: Inferior	Below Av	Average	Above Av	Superior
200. referring client to a specific industrial training program within an institution or facility. B½C	___	[ ]	[ ]	[ ]	[ ]	[ ]
201. referring client to work adjustment center or sheltered workshop. B½C	___	[ ]	[ ]	[ ]	[ ]	[ ]
202. referring client for occupational therapy. B½b	___	[ ]	[ ]	[ ]	[ ]	[ ]
203. referring to and helping client deal with those agencies or individuals that provide financial assistance (e.g., welfare assistance, scholarship monies, etc.). B½C	___	[ ]	[ ]	[ ]	[ ]	[ ]
204. referring client to a firm that provides an articicial appliance. B½C	___	[ ]	[ ]	[ ]	[ ]	[ ]
205. contacting a resource liaison person to arrange for the acceptance of a client by the resource center (e.g., workshop, half-way house). B½C	___	[ ]	[ ]	[ ]	[ ]	[ ]
206. referring client to work incentive program screening committee. B½C	___	[ ]	[ ]	[ ]	[ ]	[ ]
207. referring client to half-way house representative or representative of another live-in facility. B½C	___	[ ]	[ ]	[ ]	[ ]	[ ]
208. referring client for a dental evaluation. B½b	___	[ ]	[ ]	[ ]	[ ]	[ ]
209. referring client for general medical evaluation. B½C	___	[ ]	[ ]	[ ]	[ ]	[ ]
210. referring client for physical therapy. A½C	___	[ ]	[ ]	[ ]	[ ]	[ ]
211. referring client to the appropriate intra-agency program for an individual with a specific type of disability. A½C	___	[ ]	[ ]	[ ]	[ ]	[ ]
B. Relations with the community:						
212. disseminating information about the DVR program through community group participation, speeches, correspondence, and the use of newspapers, articles, radio and TV programs. B2c	___	[ ]	[ ]	[ ]	[ ]	[ ]
213. orienting staff of institution (or institutionalized clients) to the agency program. B1c	___	[ ]	[ ]	[ ]	[ ]	[ ]
214. maintaining a working relationship with employer groups. B1b	___	[ ]	[ ]	[ ]	[ ]	[ ]
215. maintaining regular contacts and attending scheduled meetings to promote cooperative efforts with representatives of other programs, half-way houses, and community agencies that provide services to clients with a specific disability. B1c	___	[ ]	[ ]	[ ]	[ ]	[ ]
216. providing an inquirer with detailed information about vocational rehabilitation and the service programs it encompasses. B1c	___	[ ]	[ ]	[ ]	[ ]	[ ]
217. evaluating data about client training programs (requirements and costs). B1c	___	[ ]	[ ]	[ ]	[ ]	[ ]

	TIME SPENT %	PERFORMANCE QUALITY				
		Inferior	Below Av	Average	Above Av	Superior
VIII. REFERRAL AND COMMUNITY RELATIONS (cont.)						
218. providing information regarding agency programs to current and potential referral sources. B1c	___	[ ]	[ ]	[ ]	[ ]	[ ]
219. seeking out and maintaining information about all programs or centers in the area that provide services to clients with a specific disability. B1c	___	[ ]	[ ]	[ ]	[ ]	[ ]
220. reading publications, announcements, etc., and consulting with coworkers in order to identify new community resources and facilities. B1c	___	[ ]	[ ]	[ ]	[ ]	[ ]
221. making contact and promoting communications with individuals and groups in low income and disadvantaged areas that are normally not being reached. B1c	___	[ ]	[ ]	[ ]	[ ]	[ ]
222. establishing and maintaining informal contacts at the community center, public housing authority, and high schools. B1c	___	[ ]	[ ]	[ ]	[ ]	[ ]
IX. CASE MANAGEMENT AND SPECIAL SERVICES						
A. Managing the rehabilitation plan:						
223. preparing a single caseload budget for use during the fiscal year. B1c	___	[ ]	[ ]	[ ]	[ ]	[ ]
224. writing letters or memorandums as necessary to describe a client's situation and requesting client expenses. B1c	___	[ ]	[ ]	[ ]	[ ]	[ ]
225. notifying DVR or Trust Fund applicant of reasons for denial of services (e.g., specific behavior on the part of the client). B1b	___	[ ]	[ ]	[ ]	[ ]	[ ]
226. arranging a learning or reality-testing experience for a client in the community. B1c	___	[ ]	[ ]	[ ]	[ ]	[ ]
227. explaining agency rules and procedures to a client or significant others. B ½C	___	[ ]	[ ]	[ ]	[ ]	[ ]
228. contacting clients whose cases have been closed to determine current progress and satisfaction with job and services received. B ½C	___	[ ]	[ ]	[ ]	[ ]	[ ]
229. procuring diagnostic information as necessary for the worker's consideration in developing a rehabilitation plan. B ½C	___	[ ]	[ ]	[ ]	[ ]	[ ]
230. writing letters to other agencies and to service vendors when necessary to clarify procedures. A1c	___	[ ]	[ ]	[ ]	[ ]	[ ]
231. attempting to locate clients with whom the agency has lost contact to determine what has happened to them and if they are interested in continuing in the DVR program. A ½C	___	[ ]	[ ]	[ ]	[ ]	[ ]
232. verifying information supplied by a client by communicating with schools, employers, etc. A ½C	___	[ ]	[ ]	[ ]	[ ]	[ ]
233. reviewing clients' attendance records in rehabilitation facility to identify those with chronic tardiness or absenteeism. A ½C	___	[ ]	[ ]	[ ]	[ ]	[ ]

	TIME SPENT %	PERFORMANCE QUALITY				
		Inferior	Below Av	Average	Above Av	Superior
IX. CASE MANAGEMENT AND SPECIAL SERVICES (cont.)						
B. Arranging for special or auxiliary services:						
234. instructing or informing a client regarding the use of physical assistive devices, a prosthesis, or other modified equipment. D1c	___	[ ]	[ ]	[ ]	[ ]	[ ]
235. instructing a client in ambulatory/mobility techniques to cope with job setting. B1d	___	[ ]	[ ]	[ ]	[ ]	[ ]
236. arranging for a client to receive a correspondence course with modifications as necessary in view of the client's disability. B½C	___	[ ]	[ ]	[ ]	[ ]	[ ]
237. advising a client about available communications aids. A½C	___	[ ]	[ ]	[ ]	[ ]	[ ]
238. arranging for a client to receive supplementary services (e.g., a tutor or a reader). A½C	___	[ ]	[ ]	[ ]	[ ]	[ ]
239. arranging for a client to receive specially modified materials (e.g., braille training book). A½C	___	[ ]	[ ]	[ ]	[ ]	[ ]
240. communicating with non-English speaking clients in their native language. A½C	___	[ ]	[ ]	[ ]	[ ]	[ ]
X. INTAKE AND ELIGIBILITY DETERMINATION						
A. Processing applicants for eligibility and support:						
241. evaluating client eligibility statement and application materials received from worker and approving application if the applicant is eligible for services. C1d	___	[ ]	[ ]	[ ]	[ ]	[ ]
242. evaluating completed eligibility statement received from applicant and information from collateral sources, recommending acceptance or rejection for service, and routing to supervisor for review. C1d	___	[ ]	[ ]	[ ]	[ ]	[ ]
243. explaining implications of medical examination(s) for DVR eligibility to client and significant others. C1d	___	[ ]	[ ]	[ ]	[ ]	[ ]
244. explaining that the agency cannot accept the applicant for services due to the order for selection criterion (viz., severity of disability). B1c	___	[ ]	[ ]	[ ]	[ ]	[ ]
245. determining which programs, if any, a person could be directed to for services if not eligible for vocational rehabilitation. B ½C	___	[ ]	[ ]	[ ]	[ ]	[ ]
246. providing general information about Trust Fund benefits. A ½b	___	[ ]	[ ]	[ ]	[ ]	[ ]
247. evaluating information on application form or other form completed at intake in order to determine if information is sufficient. A ½b	___	[ ]	[ ]	[ ]	[ ]	[ ]
248. completing and routing all appropriate eligibility-related forms. A ½C	___	[ ]	[ ]	[ ]	[ ]	[ ]
249. reviewing client financial situation to determine need for financial assistance. A ½C	___	[ ]	[ ]	[ ]	[ ]	[ ]

	TIME SPENT %	PERFORMANCE QUALITY				
		Inferior	Below Av	Average	Above Av	Superior
X. INTAKE AND ELIGIBILITY DETERMINATION (cont.)						
250. providing general information about Medicaid benefits. A ½b	___	[ ]	[ ]	[ ]	[ ]	[ ]
251. providing general information about Social Security benefits. A ½b	___	[ ]	[ ]	[ ]	[ ]	[ ]
252. providing general information about SSDI benefits. A ½b	___	[ ]	[ ]	[ ]	[ ]	[ ]
253. providing general information about Veterans benefits. A ½b	___	[ ]	[ ]	[ ]	[ ]	[ ]
254. giving client application form for vocational rehabilitation, explaining purpose, providing instructions and other assistance to help complete form. A ½c	___	[ ]	[ ]	[ ]	[ ]	[ ]
XI. RECORDING AND REPORTING						
A. Preparing case records:						
255. preparing a written summary report on a rehabilitation plan (including outcome and follow-up procedures). B ½c	___	[ ]	[ ]	[ ]	[ ]	[ ]
256. preparing abstracts of relevant materials (e.g., medical, psychological and educational records) to assist in making decisions. B ½b	___	[ ]	[ ]	[ ]	[ ]	[ ]
257. writing a summary of information obtained during visits with a client or a client's family for the case record. B ½c	___	[ ]	[ ]	[ ]	[ ]	[ ]
258. writing case notes to record what transpired during staffing with intra/interagency personnel. B ½b	___	[ ]	[ ]	[ ]	[ ]	[ ]
259. reviewing client's records and keeping them current. A ½c	___	[ ]	[ ]	[ ]	[ ]	[ ]
260. collecting all pertinent information needed to complete a specific DVR form and correctly entering the information on the form. A ½c	___	[ ]	[ ]	[ ]	[ ]	[ ]
261. using a dictaphone in the proper manner to efficiently compose letters, reports and papers. A ½a	___	[ ]	[ ]	[ ]	[ ]	[ ]
XII. INCIDENTAL CLIENT ASSISTANCE AND CLERICAL						
A. Performing work that involves client contact:						
262. completing a form based on the knowledge and understanding of client's needs. B ½c	___	[ ]	[ ]	[ ]	[ ]	[ ]
263. greeting and providing appropriate orienting information to persons entering the agency. A ½c	___	[ ]	[ ]	[ ]	[ ]	[ ]
264. reading or scanning the mail, identifying those letters calling for a unique response and those that can be answered with form letters or standard materials. A ½a	___	[ ]	[ ]	[ ]	[ ]	[ ]

	TIME SPENT %	PERFORMANCE QUALITY				
		Inferior	Below Av	Average	Above Av	Superior

XII. INCIDENTAL CLIENT ASSISTANCE AND CLERICAL (cont.)

265. checking and verifying billing from consultants or service vendors; clarifying fees as necessary. A½a ___ [ ] [ ] [ ] [ ] [ ]

266. scheduling appointments for interviews with clients to be held either in or out of the office. A½a ___ [ ] [ ] [ ] [ ] [ ]

267. giving a client various mandatory forms, explaining the purposes of the form, and instructions for completion. A½b ___ [ ] [ ] [ ] [ ] [ ]

268. notifying clients scheduled to receive special services (e.g., group counseling). A½c ___ [ ] [ ] [ ] [ ] [ ]

269. obtaining bus and train schedule, or other transportation information for a client. A0b ___ [ ] [ ] [ ] [ ] [ ]

270. driving staff car on agency business (e.g., to transport a client, to attend a community meetings, etc.). A½a ___ [ ] [ ] [ ] [ ] [ ]

B. Performing elementary office work:

271. completing a form based on a thorough knowledge of agency policy and regulations. A1b ___ [ ] [ ] [ ] [ ] [ ]

272. checking the completeness and organization of file contents. A½b ___ [ ] [ ] [ ] [ ] [ ]

273. coding information for procedural use. A½a ___ [ ] [ ] [ ] [ ] [ ]

274. performing routine accounting duties as necessary (e.g., processing refund checks, preparing and reviewing authorized payment checks, etc.). A½a ___ [ ] [ ] [ ] [ ] [ ]

275. locating pertinent information on subject specified in selected written resources in order to procure information for co-worker, etc. A½b ___ [ ] [ ] [ ] [ ] [ ]

276. checking forms, lists or case notes for completeness and accuracy of recording and typing. A½b ___ [ ] [ ] [ ] [ ] [ ]

277. maintaining caseload financial records (e.g., ledger of case expenditures). A½b ___ [ ] [ ] [ ] [ ] [ ]

278. maintaining an efficient and current filing system. A½b ___ [ ] [ ] [ ] [ ] [ ]

279. assembling or gathering office materials, data, etc., pertinent to a specific purpose (e.g., to assemble a case file). A½a ___ [ ] [ ] [ ] [ ] [ ]

280. locating the appropriate identifying information to be placed on the forms (e.g., code numbers, etc.). A½a ___ [ ] [ ] [ ] [ ] [ ]

281. keeping agency manuals and other reference materials current, adding and discarding as necessary. A½b ___ [ ] [ ] [ ] [ ] [ ]

TIME SPENT %	PERFORMANCE QUALITY				
	Inferior	Below Av	Average	Above Av	Superior

XII. INCIDENTAL CLIENT ASSISTANCE AND CLERICAL (cont.)

282. writing appropriate information on forms or transcribing information from one form to another. A½a ___ [ ] [ ] [ ] [ ] [ ]

283. separating and routing file folders, forms, etc., within the office, attaching additional materials as necessary. A½a ___ [ ] [ ] [ ] [ ] [ ]

284. writing a letter of a routine nature (e.g., notifying a half-way house of a client's portion of a bill, seeking information, etc.). A½b ___ [ ] [ ] [ ] [ ] [ ]

285. reading or scanning the mail, to sort it for distribution. A½a ___ [ ] [ ] [ ] [ ] [ ]

286. filing and retrieving information. A0b ___ [ ] [ ] [ ] [ ] [ ]

287. maintaining adequate office supplies and equipment and ordering as necessary. A½a ___ [ ] [ ] [ ] [ ] [ ]

288. developing an efficient filing system. A½b ___ [ ] [ ] [ ] [ ] [ ]

289. performing arithmetic operations as necessary for completion of forms relating to work-related expenses, budgets, etc. A½a ___ [ ] [ ] [ ] [ ] [ ]

290. mailing brochures, forms to be signed, etc., to individuals outside the agency. A½a ___ [ ] [ ] [ ] [ ] [ ]

291. storing forms in proper and accessible places. A½a ___ [ ] [ ] [ ] [ ] [ ]

292. using office calculator and adding machines, especially in cases involving more complex computations. A½a ___ [ ] [ ] [ ] [ ] [ ]

293. handling the mail (sorting, routing, stamping the date, utilizing the postal meter for sending, etc.). A½a ___ [ ] [ ] [ ] [ ] [ ]

294. typing information on forms. A0a ___ [ ] [ ] [ ] [ ] [ ]